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ABSTRACT

This report presents the findings, conclusions and recommendations of the National Commission on Children. The report is prefaced by a statement by the commission chairman, Senator John D. Rockefeller, and an executive summary. The first part of the report discusses issues relating to the development of a national policy on children and families. Chapters in this part concern: the high cost of failure to provide for the needs of America's children; the changing American family; child development; and principles for taking action on behalf of children. The second part proposes an agenda for the 1990s. Chapters in this part concern: ensuring income security; improving children's health; increasing educational achievement; supporting the transition to adulthood; strengthening and supporting families; protecting vulnerable children and their families; making policies and programs work; and creating a moral climate for children. The third part discusses the process of building the necessary commitment for the future of America's children. A series of appendixes presents background tables on the effects of income security policies, projections of program costs, views of interested individuals, and additional related materials. (BC)

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BEYOND RHETORIC

A New American Agenda for Children and Families

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FINAL REPORT OF THE NATIONAL COMMISSION ON CHILDREN

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BEYOND RHETORIC

A New American Agenda for Children and Families

The National Commission on Children was established by Public Law 100-203 "to serve as a forum on behalf of the children of the nation." It is a bipartisan body whose 34 members were appointed by the President, the President *pro tempore* of the U.S. Senate, and the Speaker of the U.S. House of Representatives. The Commission is required to submit a final report to the President; to the Committee on Finance and the Committee on Labor and Human Resources of the Senate; and to the Committees on Ways and Means, Education and Labor, and Energy and Commerce of the House of Representatives.

FINAL REPORT OF THE NATIONAL COMMISSION ON CHILDREN

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Too many of today's children and adolescents will reach adulthood unhealthy, illiterate, unemployable, lacking moral direction and a vision of a secure future. This is a personal tragedy for the young people involved and a staggering loss for the nation as a whole. We must begin today to place children and their families at the top of the national agenda.

— SENATOR JOHN D. ROCKEFELLER IV
Chairman,
National Commission on Children

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Chairman's Preface

On May 1, 1991, the National Commission on Children unanimously approved the bold blueprint of a national policy for America's children and families. In a 32 to 0 vote the members of the Commission concluded two and a half years of intensive investigation and deliberation with a stark and urgent message to all Americans: As a nation, we must set a new course to save our children, strengthen their families, and regain control of our national destiny. There are no quick fixes to the problems that threaten the lives and prospects of so many of America's young people. But the solutions are within reach. It is my fervent hope that our work and the consensus we achieved will stir the leadership, sustained commitment, and meaningful action that our children so urgently need and richly deserve.

America's enormous strengths and distressing weaknesses are nowhere more evident than in the lives of its children and families. Although many children grow up healthy and happy in strong, stable families, far too many do not. They are children whose parents are too stressed and busy to provide caring attention and guidance. They are children who grow up without the material support and personal involvement of their mothers and fathers. They are children who are poor, whose families cannot adequately feed and clothe them and provide safe, secure homes. They are children who are victims of abuse and neglect at the hands of adults they love and trust, as well as those they do not even know. They are children who are born too early and too small, who face a lifetime of chronic illness and disability. They are children who enter school ill prepared for the rigors of learning, who fail to develop the skills and attitudes needed to get good jobs and become responsible members of adult society. They are children who lack hope for what their lives can become, who believe they have little to lose by dropping out of school, having a baby as an unmarried teenager, committing violent crimes, or taking their own lives.

As the members of the National Commission on Children learned, it is a tragic irony that the most prosperous nation on earth is failing so many of its children. As a society, we have lacked the vision and political will necessary to address these problems head on. We often fail to recognize the extent to which all of our lives and future prospects are threatened by the pain and hardship that is borne directly by a growing minority. As America enters the last decade of the twentieth century, policy makers, professionals, and parents alike are increasingly aware of the impending crisis. The time has come to uncover old myths, identify new, far-reaching solutions, and create the national will to act decisively to achieve results.

The National Commission on Children was created by Congress and the President on December 22, 1987 "to serve as a forum on behalf of the children of the Nation." The members were officially sworn in on February 6, 1989. Our mandated task was to assess the status of children and families in the United States and propose new directions for policy and program development. Our mission was to design an action agenda for the 1990s and to build the necessary public commitment and sense of common purpose to see it implemented.

Members of the Commission were appointed in equal numbers by the President, the Speaker of the House of Representatives, and the President *pro tempore* of the Senate. We are a diverse group of individuals drawn from many different professions and backgrounds and from many parts of the country. Yet we were chosen because each of us, in some way or another, is devoted to working on behalf of parents and children. Among us are teachers, doctors, and program administrators; appointed and elected officials in government at all levels; representatives of interest and advocacy organizations; and volunteers in our own communities. Almost all of us are parents, and some are grandparents as well. Despite our personal, professional, and political differences, we share a common concern about the needs of America's children and families. This bond has held us together through long, heated debates, and in the end, it helped us to achieve consensus.

It has been an extraordinary privilege for me to serve as Chairman of the National Commission on Children. I have gained infinite wisdom and knowledge from my fellow commissioners. Our shared journey has changed me — and I suspect all of us — forever. I know it has made each and every one of us more determined to work — whether it is in the halls of Congress, on the steps of the statehouse, in a hospital intensive care unit, or in a school classroom — to make this nation a safer and more caring place for children and for all Americans.

As defined by our charter, the Commission's purview was unusually broad. We were directed to examine issues related to health, education, social support, income security, and tax policy and then to suggest approaches to address the needs of children in each of these areas. We explicitly rejected undertaking a traditional piecemeal, programmatic study of these separate domains. Instead, we focused on the whole child as a developing individual within the context of family and community. In this way, we considered the relationships between health, education, income security, and other forms of support at each stage of a child's development — from before birth to adulthood. The path of our study led us from a focus on individual children and their families to broader issues of the organization and structure of institutions and social policies.

The magnitude of the Commission's task was extraordinary, and sometimes it seemed daunting. In the course of our study, we confronted additional issues beyond our mandate that profoundly affect the daily lives of children and families in this country — for example, housing and neighborhood development or drug and crime control. In our report, we have highlighted these important issues. In accordance with our charter, however, we have not attempted to offer comprehensive policy or program strategies to address them.

The Commission developed and carried out an ambitious work plan. We were assisted by a dedicated and talented staff, led superbly by our executive director, Cheryl D. Hayes. We conducted a thorough review of existing knowledge concerning the status of children and families and the effectiveness of alternative policies and programs. We also sponsored a national opinion research project to survey parents and children, as well as adults who are not currently raising children, to better understand their attitudes and perceptions. In addition, we travelled the country to hear from parents, professionals, community leaders, and children themselves. We held field hearings, town meetings, site visits, focus groups, and other forums in 11 communities nationwide, in urban, rural, and suburban America.

Throughout our travels, the members of the Commission were moved by what we saw and heard, much of it deeply troubling. In our very first site visit to the neonatal intensive care unit of the Cook County Hospital in Chicago, Illinois, we grieved over the agonizing movements of two-and three-pound babies, many the helpless victims of their mothers' addiction to drugs. In West Virginia, we visited families in their rural homes and shared the frustrations of hard-working parents struggling to make ends meet in a declining economy. In Minneapolis, Minnesota we were disturbed by the apprehension and worry of business leaders who described the increasing difficulty of hiring entry level workers with the proper skills, attitudes, and habits to be productive.

Yet much of what we encountered filled us with hope and admiration. We met judges and social workers who toil day in and day out to help troubled families stay together. We met dedicated principals and teachers whose spirit and skill have propelled their students to excel and achieve. We spent time with physicians, drug rehabilitation counselors, nurses, and mental health professionals who help ill and disabled children cope with their conditions and find their places in the world. We met foster parents and outreach advisors who care for abandoned and abused children as if they were their own. We met loving and dedicated parents from all walks of life striving to nurture and provide for their children, sometimes against overwhelming odds. And perhaps most importantly, we talked to bright and eager children of all ages who are the hope and the future of our nation.

As a Commission, we are unanimous in our assessment of the nature of the problems afflicting so many children and families and in the goals and directions required to remedy them. We worked laboriously to craft a report that would capture our broad agreement and common vision for America's future. Some of us, however, continue to have divergent views concerning the specific steps that should be taken to achieve our goals, and at many points in the following chapters we have highlighted our differences.

The National Commission on Children proposes an action agenda that flows from a set of guiding principles concerning children's basic needs, parents' roles and responsibilities, and society's obligations. For me the overarching principle is the one we state first: every American child should have the opportunity to develop to his or her full potential. Fulfilling this objective is the shared responsibility of parents, other family members, community institutions, employers, the media, government at all levels, and every other segment of American life.

We give special attention to our collective view that families and the circumstances of their lives will remain the most critical factor affecting how children develop and fare. At a time when the family is imperiled by extraordinary social, demographic, and economic change and instability, every part of American society must ask what it can do to strengthen families and support the healthy development of our children. As a Commission, we sought to identify ways to ensure that parents have the necessary means and the widest possible array of support to raise their children successfully. Addressing the needs of children, we all believe, requires responding to the needs of their families. Keeping families together, and keeping them going, is more difficult today than it was a generation ago. For children to grow up healthy and whole, prepared for the challenges and responsibilities of adult life, their parents must feel supported and valued. And they must be responsible for fulfilling the obligations they assumed in forming a family and bringing children into the world.

This report, which presents the Commission's findings, conclusions, and recommendations, is organized in three parts. Part One focuses on the crisis facing the nation's children and families. It reviews the social, demographic, and economic changes in society that are associated with many of the problems this nation must overcome. It presents the fascinating and critical processes of child development and the array of risk and protective factors present in children's environments that affect their development, both positively and negatively. Part One concludes by presenting the principles that form the foundation for our recommendations for individual action, public and private sector policies, and program development.

Part Two presents the Commission's agenda for the 1990s, organized into chapters focused on the broad policy areas that are most vital to children and families. Taken together, these chapters present a comprehensive national policy for America's children and families. Our recommendations, if and when they are implemented, will profoundly improve children's health and well-being and their families' ability to raise them. They represent a great undertaking that goes well beyond rhetoric to unite this country in a quest to do what is right as well as what is pragmatically wise.[a]

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[a] Throughout the chapters in this part, we have highlighted public and private sector programs as examples of the initiatives we recommend. In all cases these are programs the Commission visited or reviewed as a part of our study. Some have been carefully evaluated; others have not. We cite them to illustrate our recommendations, not to endorse them as models.

In just one area the Commission failed to reach consensus. Twenty-three commissioners approved the chapter entitled "Improving Health" and the recommendations presented in it for addressing the vital health needs of the nation's pregnant women and children. In my own view, it is time for our country to recognize the pressing need to ensure accessible, affordable health care, and take the necessary steps to enable children to be born and grow up healthy and to become able and productive adults. In the end, nine commissioners who participated with the others in crafting the chapter that was approved by the majority felt compelled to prepare their own separate text. The minority chapter on health care follows the majority chapter. It was received on May 25, 1991, more than three weeks after the Commission's final meeting, and therefore has not been reviewed or discussed by the full Commission. Nor has it been subjected to the same scholarly scrutiny or independent factual and editorial review processes as the other chapters of the report.

Part Three summarizes our vision for a better society and our recommendations for building the necessary commitment to achieve it. In framing our recommendations, we have been mindful that America's fiscal resources are limited. As a nation, however, we must recognize that our economic growth is tied to whether and when the problems facing children and families are resolved. Our current pattern of neglect is extremely costly. Therefore, in this final part of the report the Commission specifies the investments that must be made now in the interests of all Americans. We propose policy goals and directions that we believe are achievable by the end of the decade, and we spell out strategies for implementing them incrementally over several years.

Without the generous support and contributions of many individuals, we would not have accomplished our mission. There are no words to adequately praise my fellow commissioners. Every American owes a debt of gratitude to the individuals who gave unselfishly of their time and energy over the past two and a half years to participate in this intensive process. In a very real sense, this has been a working commission. The final report reflects the intellectual contributions, moral concerns, compassion, and pragmatism of each of its members.

The Commission is indebted to William Woodside, chairman of our Corporate Advisory Board, for his invaluable advice, counsel, and encouragement. His dedication to improving the lives of children combines a strong sense of what is morally right with what is economically vital as American business prepares for the twenty-first century. I share his hope that all of the members of the Corporate Advisory Board will help transform the Commission's recommendations into reality, particularly those that call for private leadership and commitment.

On behalf of all the commissioners, I also want to extend our great appreciation to the staff. In keeping with our purpose, we also thank their families and apologize for the long hours and intensive commitment that an effort of this scale has required.

The Commission was fortunate to obtain in its executive director a person of extraordinary talent and skills. Cheryl Hayes did a masterful job overseeing every aspect of the Commission's work and drafting this report, and I am personally and deeply indebted to her for her professional rigor, her counsel, and her indomitable spirit. Special thanks also go to Carol Emig, who served as deputy director, for her stellar work throughout the study, especially in helping to draft the chapters of this report. In addition, we gratefully acknowledge the immense contributions of Polly Dement, the Commission's communications director; of Joseph Cislowski, Tamara Horne, and Deborah Roderick, who served as policy analysts; of Joseph Piccione (on loan from the U.S. Department of Health and Human Services), who assisted with legal analysis; of administrative staff members, Jeannine Atalay, Mary Lou Rinehart, and Linda Wells; and of Sanden Kandel, Robert Tompkins, and Thomas Woods, who served as research assistants. Finally we wish to thank all of the young people who served as interns throughout the Commission's lifetime. The dedication and extraordinary efforts of this group of talented individuals contributed immeasurably to the quality of the Commission's work and to its successful completion.

I want to thank Eric Futran, whose exquisite photographs capture the children and parents across the country who are the real people behind the statistics and hard-edged facts. In the Commission's interim report, *Opening Doors for America's Children*, and in this final report Eric's photos give life and special meaning to our findings, conclusions, and recommendations.

I also want to acknowledge the contributions of several individuals outside the Commission whose thoughtful analyses significantly influenced the Commission's deliberations, including David Ellwood of the Kennedy School at Harvard University; Irwin Garfinkel of Columbia University; Eugene Steuerle and Jason Juffras of the Urban Institute; Janice Peskin and Roberton Williams of the Congressional Budget Office; Stewart Brown and Mark Mazur of the Joint Committee on Taxation; and Judy Feder of the National Center for Health Policy Studies. In addition, I want to thank

Kristin Moore and Ellen Wolpow of Child Trends, Inc. and Diane Colasanto of Princeton Survey Research Associates for their work on the Commission's national opinion research project.

Finally, I want to gratefully acknowledge the generous contributions of several private foundations, including the Foundation for Child Development, the Carnegie Corporation of New York, and the W.T. Grant Foundation, that added their support to the federal funding for the Commission's activities and publications.

In the months to come, we expect and welcome vigorous discussion of the Commission's conclusions and recommendations. But history will judge this generation of Americans harshly if we allow futile debate to take the place of action. For millions of children and families, the hour already is late. We extend our hearts and hands to our President, the Congress, our nation's public and private leaders, and our fellow citizens. We ask each and every one to help America move beyond rhetoric, to make the Commission's agenda for children and families the expression of our national conscience and the foundation for sound and progressive policy in the years ahead.

John D. Rockefeller IV
Chairman

Executive Summary

> The great events of this world are not battles and elections and earthquakes and thunderbolts. The great events are babies, for each child comes with the message that God is not yet discouraged with humanity, but is still expecting goodwill to become incarnate in each human life.
>
> —Anonymous

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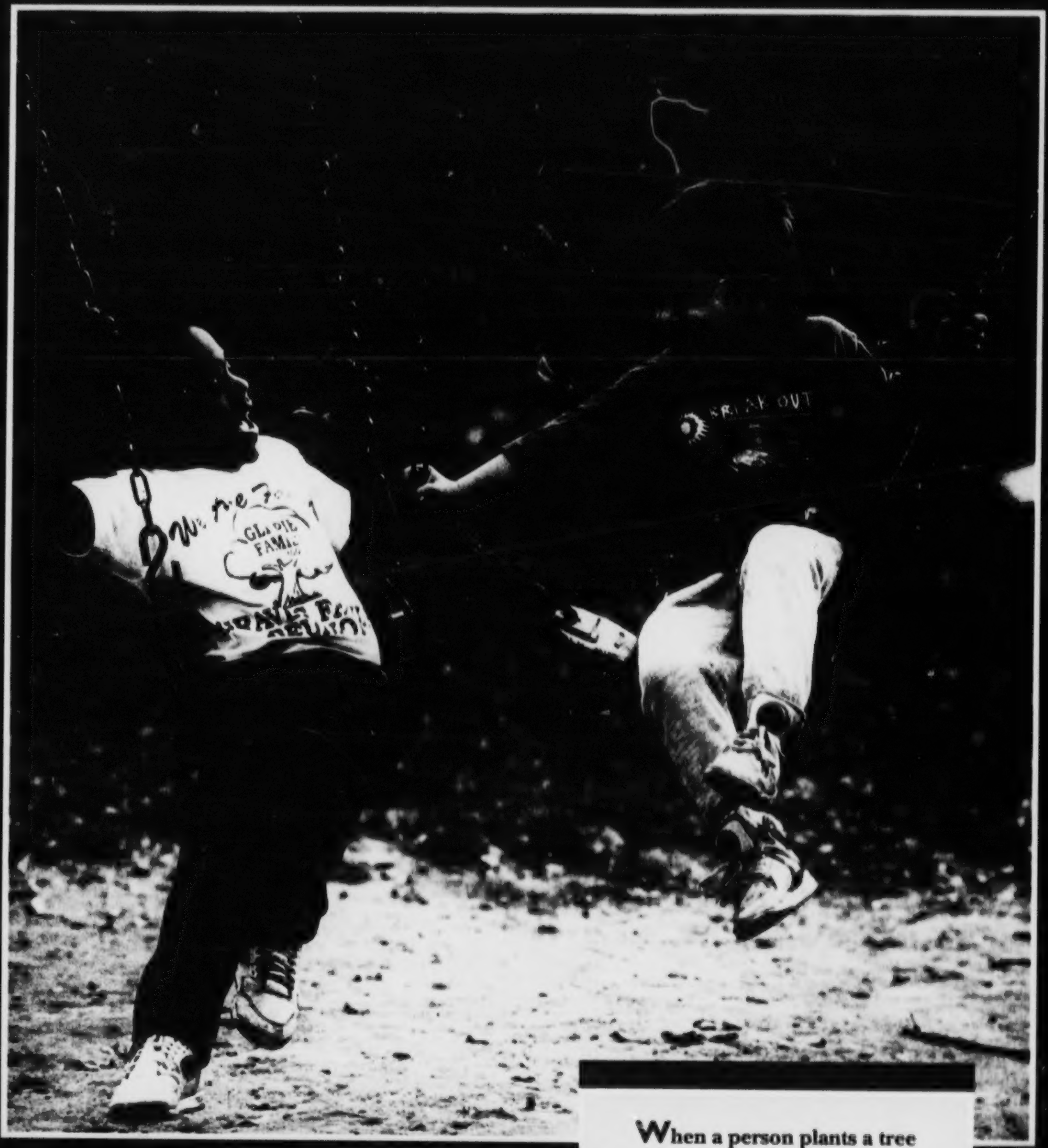

> **W**hen a person plants a tree under which he knows he will never sit, you know civilization has come to that land.
>
> — Ancient Greek Proverb

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Executive Summary

Most American children are healthy, happy, and secure. They belong to warm, loving families. For them, today is filled with the joys of childhood — growing, exploring, learning, and dreaming — and tomorrow is full of hope and promise. These children will become the competent and caring parents, employees, and community leaders upon whom America's future depends.

But at every age, among all races and income groups, and in communities nationwide, many children are in jeopardy. They grow up in families whose lives are in turmoil. Their parents are too stressed and too drained to provide the nurturing, structure, and security that protect children and prepare them for adulthood. Some of these children are unloved and ill tended. Others are unsafe at home and in their neighborhoods. Many are poor, and some are homeless and hungry. Often, they lack the rudiments of basic health care and a quality education. Almost always, they lack hope and dreams, a vision of what their lives can become, and the support and guidance to make it a reality. The harshness of these children's lives and their tenuous hold on tomorrow cannot be countenanced by a wealthy nation, a caring people, or a prudent society. America's future depends on these children, too.

If we measure success not just by how well most children do, but by how poorly some fare, America falls far short. One in four children is raised by just one parent. One of every five is poor. Half a million are born annually to teenage girls who are ill prepared to assume the responsibilities of parenthood. An increasing number are impaired before birth by their parents' substance abuse. Others live amid violence and exploitation, much of it fueled by a thriving drug trade. Rich and poor children alike face limited futures when their educations are inadequate and they have few opportunities for cultural enrichment and community service. Too many children at every income level lack time, attention, and guidance from parents and other caring adults. The result is often alienation, recklessness, and damaging, antisocial behavior.

Is every child in America endangered? Some observers would say no; most children are in good health and have loving parents who tend diligently to their physical, intellectual, and spiritual needs. But we live in an interdependent world. Even those children who are shielded from the personal effects of poverty, illness, and extreme misfortune confront circumstances and conditions that jeopardize their health and well-being. They too attend troubled schools and frequent dangerous streets. The adults in their lives are often equally hurried and distracted. They receive the same cultural messages equating personal success with materialism, greed, and power, while trivializing commitment to marriage, family, and community.

The combined effects are that too many children enter adulthood without the skills or motivation to contribute to society. They are poorly equipped to reap the benefits or meet the responsibilities of parenthood, citizenship, and employment. The consequences of their problems and limitations reach far beyond their personal lives. America's future as a democratic nation, a world leader, and an economic power will depend as much on youngsters who are ill educated, alienated, or poor as on those who are more advantaged. For them, and for the nation, the years to come will be less safe, less caring, less free, unless we act.

But this action must be thoughtful, broadbased, and sustained. The problems that plague many of the nation's children and threaten many more have evolved over time, and they will not disappear overnight. Solutions will depend on strong leadership and the concerted efforts of every sector of society — individuals, employers, schools, civic, community, and religious organizations, and government at every level. They will require creative public policies and private sector practices, wise investments of public and private resources, and significant commitment of individual time and attention to the needs of children and their families. Members of the Commission have studied and debated the state of America's children and have come to a broad consensus on recommendations, except for those related to health care. Some disagreements remain, but it is critical that the Commission's agenda go forward to spark the public action that our nation's children deserve.

Principles for Action

The Commission proposes a policy agenda that flows from a set of guiding principles concerning children's basic needs, parents' roles and responsibilities, and society's obligations. Too often in the past, failure to articulate values has conveyed mixed messages to young people, parents, and institutions outside the family. It has resulted in practices that harm children and weaken their families. And it has limited the nation's ability to assess how well its policies and programs are working to improve the lives of children, strengthen families, and uphold the common goals and norms of American society. Accordingly, the following principles form the foundation for our specific proposals for public and private sector policy and program development.

- Every American child should have the opportunity to develop to his or her full potential.
- Parents bear primary responsibility for meeting their children's physical, emotional, and intellectual needs and for providing moral guidance and direction. It is in society's best interests to support parents in their childrearing roles, to enable them to fulfill their obligations, and to hold them responsible for the care and support of their children.
- Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers.
- The family is and should remain society's primary institution for bringing children into the world and for supporting their growth and development throughout childhood.
- Cultural diversity is one of America's greatest riches; it must be respected and preserved, while at the same time ensuring that all children have an equal opportunity to enter the social and economic mainstream.
- Community institutions — schools, religious organizations, service and charitable organizations, and employers — have an important role in creating an environment that is supportive of parents and children.

- Communities have a responsibility to provide safe, secure environments for families with children.
- Society has a legitimate interest in childrearing and a moral obligation to intervene whenever parents who fail to meet their responsibilities put their children at risk.
- Preventing problems before they become crises is the most effective and cost-effective way to address the needs of troubled families and vulnerable children.
- Basic moral values are part of our national heritage and should guide society in its actions toward children and families.
- Effectively addressing the needs of America's children and families will require a significant commitment of time, leadership, and financial resources by individuals, the private sector, and government at all levels.

An Agenda for the 1990s

Coherent national policies for children and families will require both a greater emphasis on family values and more effective intervention. Both are important; neither alone is sufficient. For this reason, the Commission's recommendations are directed to the public and private sectors, and to individuals as well as institutions. They apply to the major domains of family life and the basic needs of children and families. Taken together, they form a bold blueprint for strengthening families and promoting the healthy development of all the nation's children.

Ensuring Income Security

When families have an adequate income, they are better able to meet their children's material, intellectual, and emotional needs and help them become healthy, productive adults. Yet today children — especially those in single-parent families — are the poorest Americans. Failure to prevent childhood poverty and address the economic needs of families leads to other social ills — more crime and delinquency, more teenage childbearing, more unhealthy babies, more failure in school, more substance abuse and mental illness, more child abuse and neglect, and lower productivity by tomorrow's labor force. These problems take a dreadful toll on the individuals directly affected, and they also impose enormous costs on society, including significant expenditures for treatment of chronic health conditions and disabilities, special education, foster care, prisons, and welfare.

But it is not just poor families who struggle today to make ends meet, nor is it only poor children who suffer the consequences of economic instability.

Middle-income parents also express concern about their ability to provide for their children and maintain a secure standard of living. The costs of housing, transportation, education, and health care have risen steadily since the 1970s and today consume substantially more of a typical family's income than they did 20 years ago. In recent decades, the average working family's tax burden has also risen. Combined state and local taxes, federal income tax, and the employee's share of Social Security taxes (after computing deductions and exemptions) now account for approximately 25 percent of median family income, compared to only 14 percent in 1960. As a consequence, many middle-income families need more than one paycheck to maintain a modest standard of living or just to meet their children's basic needs. Families with only one wage-earner — especially families headed by a single mother — have suffered the greatest losses and are the most economically vulnerable.

The National Commission on Children calls on the nation to develop over the coming decade a comprehensive income security plan based on fundamental American principles of work, family, and independence. Building on the Family Support Act of 1988 and recent pro-family reforms in the federal tax system, the Commission recommends six important steps:

- ***We recommend the creation of a $1,000 refundable child tax credit for all children through age 18 and elimination of the personal exemption for dependent children to partially offset the costs.***
- ***We strongly endorse the Earned Income Tax Credit, as recently expanded, to encourage low-income parents to enter the paid workforce and strive for economic independence.***
- ***We recommend that a demonstration of suitable scale be designed and implemented to test an insured child support plan that would combine enhanced child support enforcement with a government-insured benefit when absent parents do not meet their support obligations. Contingent on positive findings from this demonstration, the Commission recommends establishment of the insured child support benefit in every state.***
- ***We strongly endorse the Job Opportunities and Basic Skills Training Program (JOBS) and the provision of transitional supports and services to low-income parents moving from welfare to work.***
- ***We recommend that states and localities provide community employment opportunities, where feasible and appropriate, for parents who are able***

and willing to work but cannot find a job on their own. We do not recommend the establishment of a major new federal employment program.

- ***We recommend that welfare be reoriented as short-term relief in periods of unanticipated unemployment, disability, or other economic hardship to provide a safety net to poor families with children who through no fault of their own would otherwise fall through the cracks.***

Improving Health

While most American children are born and remain healthy, far too many are vulnerable to problems that lead to serious illness, disability, and even death. The United States has the knowledge and the tools to save children's lives and improve their physical and mental health. Yet in recent decades, the nation's progress in improving child health has not kept pace with scientific knowledge and health care technology.

Improving children's health is a widely shared responsibility. Parents must take responsibility for promoting healthful lifestyles at home and for obtaining needed health care for themselves and their children. Others in the community must also help children form attitudes and develop behaviors and lifestyles that will protect their health during childhood and into adulthood.

But healthful behaviors and lifestyles are not enough to ensure optimum health. America's health care system is in crisis. Many Americans are effectively denied health care because they have no way to pay their medical bills or because services are not accessible. This neglect is most troubling in the case of pregnant women and children, who cannot get care on their own, and for whom the lack of access to health care can lead to unnecessary illness, disability, and death, as well as unnecessary financial costs. Improving health care for America's children and pregnant women will require broad-based reform of health insurance, expansion of effective health care programs for underserved populations, and aggressive and creative efforts by health professionals to meet the needs of children and families in their communities.

The National Commission on Children did not reach consensus on strategies for addressing the health needs of the nation's children and pregnant women. A substantial majority of commissioners offers the following recommendations to improve the chances that all American children will be born healthy and grow up healthy:

- ***We recommend that parents protect their children's health by protecting their own health and being role models for healthful behavior, by doing***

everything in their power to provide a safe home environment, and by seeking and advocating for essential health services for their children.

- ***We recommend that communities take responsibility for creating safe neighborhoods, supporting the development of community-based health education and health care programs, and sponsoring activities and special projects to help families gain access to needed services.***
- ***We recommend that government and employers together develop a universal system of health insurance coverage for pregnant women and for children through age 18 that includes a basic level of care and provisions to contain costs and improve the quality of care.*** A new system must build upon, not patch or replace, the current combination of employment-based and public coverage. It must ensure that adequate insurance protection is available to those who now have it through their employers; it must extend employer-based coverage to those who do not; and it must supplement employer-provided coverage with decent public coverage for those who are outside the work force. Decisions concerning care should allow for substantial autonomy and choice by the patient or parent in consultation with his or her medical practitioner. Finally, the health care system and the provision of health insurance must contain incentives to economize and reduce rapidly rising health care costs.
- ***We recommend that the federal and state governments expand effective health care programs that provide services for underserved populations.*** Health care will continue to be beyond the reach of many pregnant women and children unless the services they need are available in their communities. In particular, minority children, low-income children, children who live in geographically isolated areas, and those whose parents are poorly educated often have difficulty getting the health care they need. For this reason, we recommend expansion of the National Health Service Corps, Community and Migrant Health Centers, the Maternal and Child Health Block Grant, and the Special Supplemental Food Program for Women, Infants, and Children (WIC).
- ***We recommend that health professionals work together with professionals from other disciplines to improve the quality and comprehensiveness of health and social services, participate in publicly funded programs, and serve their communities as volunteers and resource persons.***

Minority Chapter on Health Care[*]

Because nine commissioners had fundamental disagreements with the key recommendations presented in the majority chapter on health care, a minority chapter on health care is also included in the report of the National Commission on Children. The following is a summary of the minority chapter.

We believe that if we are to improve the health of our nation's families and children, individuals must assume responsibility for their health, and that any reform must have prevention as its key goal; the family unit is the principal health educator, and single parenthood creates significant risks for children's health; all people should be able to obtain necessary health care through a private-public partnership; health care delivery and financing schemes should constrain the rate of growth in health care expenditures; any health care reform design should promote innovation, not adversely affect economic growth and stability, and promote the delivery of high-quality, cost-effective care.

Given these principles, we recommend:

- ***All programs and services for children and youth should ensure that they involve parents and respect their values, taking care not to undermine parents' authority or to diminish their important role and influence in adolescent decision making;***
- ***Problems resulting from malnutrition should be addressed by combating the climate of violence, drugs and promiscuous sexual activity instead of simply increasing funding for the Special Supplemental Food Program for Women, Infants and Children (WIC);***
- ***Increased support for abstinence education is recommended as a means of reducing the spread of sexually transmitted diseases (STDs) and AIDS, as well as the rate of unwed teenage pregnancies;***
- ***The media and other community organizations should take seriously their role in promoting healthy behaviors on the part of parents and children, and do nothing to either glamorize or reinforce unhealthy lifestyles, such as the use of drugs, sexual promiscuity, smoking, and unhealthy dietary habits.***

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[*] The minority chapter on health care was prepared and submitted after the final meeting of the National Commission on Children by the following commissioners: Allan Carlson, Hon. Theresa H. Esposito, Adele Hall, Wade F. Horn, Ph.D., Hon. Kay C. James, A. Louise Oliver, Gerald (Jerry) P. Regier, Hon. Nancy Risque Rohrbach, Josephine (Josey) Velazquez. It has not been reviewed and discussed by the full Commission, nor has it received the same careful independent factual and editorial reviews as the chapters of this report.

Furthermore, we believe that the financing of health care in the United States will only be truly reformed by empowering consumers and permitting undistorted markets to function in medical care and insurance, and by restructuring existing tax subsidies and public programs to target those who are in greatest need. In contrast, we believe that the majority chapter's recommendation for a "play or pay" plan would be inflationary, result in substantial job losses or reduced wages, and encourage discrimination against employees with families.

As important as health care financing is to the health of families and children, we also believe that the weakening of the structure of the American family may be an even greater threat to the health of children. Solving the health problems of children will be an expensive, upwardly spiraling, and potentially fruitless quest for government if it fails at the same time to restore societal expectations for and support of the two-parent marital norm. Consequently, we believe that one of the surest practical routes to preserving the health and well-being of children is to strengthen the American family.

Increasing Educational Achievement

Despite more than a decade of education reform, America remains "a nation at risk." American students continue to lag behind their counterparts in many developed and developing nations in standardized measures of reading, math, and science. Far too many of the nation's youth drop out of school, and even among those who complete high school, a substantial number lack the basic skills and knowledge needed to get a job.

Every child in America needs an excellent education — because global competition demands a highly skilled and knowledgeable workforce, because democracy depends on a thoughtful and well-educated citizenry, and because knowledge and a love of learning are among the most precious gifts society can give to its children. Yet approximately 40 percent of the nation's children are at risk of school failure. They include children who are poor, those from minority groups, those with limited command of English, those who live in a single-parent family or with parents who are poorly educated, and those with disabling conditions. These children are less likely to enter school ready to learn — healthy, well-fed, confident, able to focus their attention and energy, and able to interact positively with adults and other children. Over the years, they are more likely to be held back, to drop out of school, and to fail to earn a high school diploma.

But even those students who enter school ready to learn and whose families have the wherewithal to support their educational progress are not guaranteed a quality education that prepares them to assume challenging roles in their communities and in the workforce. Many schools across the country lack the basic ingredients and flexibility to be lively, innovative learning centers. They often lack a common educational vision and strong leadership. They fail to set rigorous academic standards and do little to foster initiative, innovation, and creativity among teachers and staff. Many do not encourage parents to be active partners in their children's education, and some are unable to maintain order and discipline.

To ensure that every child enters school ready to learn and every school meets the educational needs of all its students, the National Commission on Children proposes five related strategies:

- ***We recommend that all children, from the prenatal period through the first years of life, receive the care and support they need to enter school ready to learn — namely, good health care, nurturing environments, and experiences that enhance their development.*** In particular, we urge that Head Start be available to every income-eligible child in the United States. A majority of commissioners defines full participation in Head Start as enrollment by up to 100 percent of all eligible three- and four-year-olds and up to 30 percent of eligible five-year-olds. A minority of commissioners defines full participation as enrollment by up to 80 percent of all eligible children for one year, and by up to 20 percent of eligible children for more than one year.
- ***We recommend that the educational system adopt a series of fundamental reforms, including:***
    - ***a rigorous and challenging academic curriculum;***
    - ***measures to recruit and retain skilled teachers;***
    - ***measures to improve the effectiveness of principals;***
    - ***school-based management;***
    - ***greater accountability by all parties responsible for the quality of education;***
    - ***improvements in the school environment; and***
    - ***equitable financing across school districts.***
- ***We encourage states to explore school choice policies as part of an overall plan to restructure and improve public schools. School choice should only be implemented where accountability measures are specified and where the special needs of educationally disadvantaged students are***

addressed. Some members of the Commission would extend the concept of school choice to include private and parochial as well as public schools. Other members of the Commission, however, are concerned that choice policies, in the absence of major steps to restructure schools and ensure every child a quality education, will further disadvantage the nation's most educationally vulnerable students, who may be overlooked in a market-driven system.

- ***We recommend that all schools and communities reevaluate the services they currently offer and design creative, multidisciplinary initiatives to help children with serious and multiple needs reach their academic potential.***
- ***We recommend that parents, communities, employers, and the media take mutually reinforcing steps to emphasize to young people the personal rewards and long-term benefits of academic and intellectual achievement, cultural enrichment, hard work, and perseverance.***

Preparing Adolescents for Adulthood

Adolescence marks the passage from childhood to adulthood. Although the majority of young people emerge from adolescence healthy, hopeful, and able to meet the challenges of adult life, many young people experiment with what they take to be the credentials of adulthood — alcohol and drugs; violent, dangerous, or illegal activities; and sexual activity — often with dire, if not fatal consequences.

Today, one in four adolescents in the United States engages in high-risk behaviors that endanger his or her own health and well-being and that of others. These 7 million young people have multiple problems that can severely limit their futures. Most have fallen behind in school, and some have already dropped out. Many engage in sexual activity, and some have experienced pregnancies or contracted sexually transmitted diseases. Many are frequent and heavy users of drugs and alcohol. Some have been arrested or have committed serious offenses. We must reach these young people early and provide them with both the means and the motivation to avoid risky, dangerous, and destructive activities that threaten their futures, their families, and their communities. Where damage has already occurred, we must also help those young people experiencing problems cope with the consequences of their actions.

Society's concern and involvement must also extend to the three-quarters of young people at low and moderate risk of serious problems. Their transition to adulthood is often equally difficult as they search for their places in a complex and fast-changing world. Their aspirations for meaningful work, satisfying relationships, and the chance to participate in the life of their communities are not guaranteed. To achieve these goals, young people need opportunities to explore the world of work, experience the rewards of community service, and receive guidance and unwavering support from the important adults in their lives.

Unfortunately, too few adults invest the personal time and effort to encourage, guide, and befriend young people who are struggling to develop the skills and confidence necessary for a successful and satisfying adult life. Too few communities encourage and recognize community service by young people. And too few offer programs and activities to promote healthy adolescent development by discouraging high-risk behaviors and facilitating the transition from school to work. As a result, many young people believe they have little to lose by dropping out of school, having a baby as an unmarried teenager, and committing crimes. When they lack a sense of hope and the opportunity to become a part of mainstream society, teenagers are frequently not motivated to avoid dangerous or self-destructive behaviors. When they lack models to show them that character, self-discipline, determination, and constructive service are the real substance of life, they have few opportunities to acquire the attitudes and habits that lead to success in school, productive employment, and strong, stable families.

To help all young people successfully navigate the passage from childhood to adulthood, the National Commission on Children offers the following recommendations:

- ***We recommend that individual adults, communities, and the public and private sectors take aggressive steps to ensure that all young people have access to a broad array of supports in their communities to promote healthy adolescent development and help them avoid high-risk behaviors — including school dropout, premature sexual activity, juvenile delinquency, crime and violence, and alcohol and drug abuse — that jeopardize their futures.***
- ***We recommend that parents, schools, employers, and government initiate or expand efforts to introduce young people to employment and career options; to help them acquire the skills, knowledge, and experience for their chosen fields; and to link more closely the worlds of school and work.***
- ***We recommend that communities create and expand opportunities for community service by young people.***

Strengthening and Supporting Families

The conditions of children's lives and their future prospects largely reflect the well-being of their families. When families are strong, stable, and loving, children have a sound basis for becoming caring and competent adults. When families are unable to give children the affection and attention they need and to provide for their material needs, children are far less likely to achieve their full potential.

The value that society places on families and the way it supports their needs have a great deal to do with how children fare. When society values children and the quality of family life, individuals, families themselves, and outside institutions are moved to make the necessary commitment and create supportive environments at home, at school, at work, and in the community. The nation's laws and public policies should therefore reflect sound family values and aim to strengthen and support families in their childrearing roles. Accordingly, the National Commission on Children offers the following recommendations to support and strengthen families:

- ***We urge individuals and society to reaffirm their commitment to forming and supporting strong, stable families as the best environment for raising children.***
- ***We emphasize the need for both parents to share responsibility for planning their families and delaying pregnancy until they are financially and emotionally capable of assuming the obligations of parenthood. Although decisions concerning family planning are and should continue to remain a private matter, public support for family planning services should be sustained to ensure that all families, regardless of income, can plan responsibly for parenthood.***
- ***We recommend that government and all private sector employers establish family-oriented policies and practices — including family and medical leave policies, flexible work scheduling alternatives, and career sequencing — to enable employed mothers and fathers to meet their work and family responsibilities.*** The majority of commissioners strongly recommends that the federal government require all employers to provide the option of a job-protected leave at the time of childbirth, adoption, and family and medical emergencies. Healthy child development depends on parents and children having adequate time together during the early months of life to form close and enduring relationships. A minority of commissioners strongly opposes such prescribed and inflexible federal

mandates, which they believe all too often result in discriminatory practices in the workplace and restrict employees' choices of benefits that meet the particular needs of their families. In addition, they believe the costs of implementing such mandates often produce adverse and unintended economic consequences.

- ***We recommend that government at all levels, communities, and employers continue to improve the availability, affordability, and quality of child care services for all children and families that need them.***
- ***We recommend that federal, state, and local governments, in partnership with private community organizations, develop and expand community-based family support programs to provide parents with the knowledge, skills, and support they need to raise their children.*** Some commissioners are concerned that a fiscal commitment of the magnitude proposed requires careful attention to the design and evaluation of the expanded services to ensure that they produce outcomes that are beneficial to the families who need them.

Protecting Vulnerable Children and Their Families

When families are in turmoil, children are often the helpless victims of their parents' frustration and despair. They may suffer parental neglect; experience physical, emotional, or sexual abuse; or develop behavioral problems that make them difficult to care for. In the absence of adequate support and services, these children are frequently removed from their families and placed in the custody of the state. This separation from their parents, siblings, schools, and communities is shocking and painful for most children. Thousands move from one placement to another, effectively denied a permanent home and family. Many bear scars for the rest of their lives. Foster care is intended to protect children from neglect and abuse at the hands of parents and other family members, yet all too often it becomes an equally cruel form of neglect and abuse by the state.

The number of children in foster care has increased dramatically over the past several years, reversing declines in the late 1970s and early 1980s. Recent estimates project that more than half a million children will be in foster care by 1995. This increase has overwhelmed the capacity of the judicial system and every child welfare system in the country to deal sensitively and responsively to the needs of vulnerable children and their troubled families.

In part, the increasing number of children in the state's custody reflects increased reports of abuse and neglect. But it also reflects misguided public funding incentives, particularly at the federal level. Federal funding for preventive efforts to keep families together is fixed each year under the provisions of Title IV-B of the Child Welfare and Adoption Assistance Act and has barely grown in the past decade, while funding for out-of-home care is supported by Title IV-E, an open-ended entitlement that grows automatically according to need. This encourages states to place children in out-of-home care rather than to help troubled families overcome their problems and maintain custody of their children.

Marginal changes will not turn this system around. Instead, we need fundamental reform to ensure that family support and basic preventive services are available early to reduce the likelihood of family crises and lessen the need for children to be removed from their homes.

- ***The National Commission on Children recommends a comprehensive community-level approach to strengthen families. We believe that early family support and the availability of preventive services will ultimately lessen the need for children to be removed from their homes. We therefore urge that programs and services for vulnerable children and their families be restructured to include three complementary approaches:***
  - ***Promoting child development and healthy family functioning through locally controlled and coordinated community-based family support networks that offer access and referrals to a broad range of services, including health and mental health care, education, recreation, housing, parenting education and support, employment and training, and substance abuse prevention and treatment.***
  - ***Assisting families and children in need in order to strengthen and preserve families that voluntarily seek help before their problems become acute. Human service programs — including health and mental health, juvenile services, substance abuse programs, education, and economic and social supports — must collaborate to provide prevention and early intervention services that offer practical solutions to problems faced by families in crisis.***
  - ***Protecting abused and neglected children through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or to provide permanent placement for those removed from their homes.*** In particular, when babies are abandoned at birth and when repeated attempts to reunify older children and parents have failed, the adoption process should be streamlined to expedite placement of children in permanent, stable families.

The majority of commissioners recommends changing Title IV-B to an entitlement, making funds equally available for the provision of family preservation services and for foster care. This will eliminate any fiscal incentive for removing children from their homes unnecessarily by ensuring that states have adequate funds for prevention. A minority of commissioners believes that the current problems in child welfare are not related primarily to inadequate funding. They recommend that the relationship between Titles IV-B and IV-E be altered to allow greater flexibility in spending monies for preventive services.

Making Policies and Programs Work

All families, regardless of their resources and circumstances, need occasional support and assistance. To meet these needs, an array of public and private programs and services has developed over the last half century to promote children's health and development, encourage success in school, and protect children from abuse. Families also receive assistance and support through employment-based benefits, voluntary and community efforts, and informal networks of friends, relatives, and neighbors.

For the majority of well-functioning families with ample financial, social, and psychological resources, this mix of informal support and public and private programs is both adequate and appropriate. But families facing severe problems often need more integrated and sustained interventions delivered by skilled professionals who are able to respond early and comprehensively to a family's multiple needs.

Unfortunately, the present system of human services generally fails to meet the needs of these seriously troubled families. Service providers in separate programs serving the same family rarely confer or work to reinforce one another's efforts. Few resources are available to help families early, before their problems become too mammoth to ignore. Low salaries and poor working conditions discourage talented individuals from pursuing careers in early childhood development, child welfare, and teaching. As a result, families seeking assistance often encounter a service delivery system that is confusing, difficult to navigate, and indifferent to their concerns. For many parents and children, these obstacles appear at a time when they are least able to cope with additional stress or adversity.

Fragmentation and lack of coordination among programs and services contribute to a widespread perception of inefficiency and waste in public health and social service programs. In many cases, this perception is justified.

Multiple layers of bureaucracy and extensive record-keeping and reporting requirements, developed in part to guard against misuse of public funds, have often cost more than they have saved. Familiar stories of records irretrievably lost and multiple appointments to resolve single issues further fuel public impressions of waste and incompetence in publicly administered or publicly funded programs.

To bring greater cohesion and efficiency to the delivery of public health and social services and to enhance their ability to meet the needs of severely troubled children and families, the National Commission on Children offers the following proposals:

- ***We recommend a series of changes in the organization, administration, implementation, and budget of programs at all levels of government to encourage a more collaborative and comprehensive service delivery system, including:***
  - ***greater coordination of child and family policies across the executive branch;***
  - ***creation of a joint congressional committee on children and families to promote greater coordination and collaboration across the authorizing and appropriating committees with jurisdiction over relevant policies and programs;***
  - ***decategorization of selected federal programs to bring greater cohesion and flexibility to programs for children and families;***
  - ***uniform eligibility criteria and consolidated, streamlined application processes for the major federal means-tested programs and for other programs that serve the same or overlapping populations;***
  - ***incentives to encourage demonstration projects and other experiments in coordination and collaboration of services at the state and local levels; and***
  - ***new accountability measures that focus on enhanced child and family well-being, rather than solely on administrative procedures.***
- ***We call upon the nation to increase its investment in the prevention of problems that limit individual potential and drain social resources.***
- ***We recommend that salaries and training opportunities be significantly increased in the early childhood and child welfare fields, and that states and school districts with teachers' salaries below the national average bring these salaries up to the average. In every case, pay structures and incentives should be linked to demonstrated competence.***

Creating a Moral Climate for Children

Today, too many young people seem adrift, without a steady moral compass to direct their daily behavior or to plot a thoughtful and responsible course for their lives. We see the worst manifestation of this in reports of violent and predatory behavior by adolescents in large and small communities across the nation. It is evident in lifestyles and sexual conduct that indulge personal gratification at the expense of others' safety and well-being. It is revealed as well in a culture that ranks wealth and the acquisition of material possessions above service to one's community or to the nation. It is also demonstrated in the declining voting rates of young citizens.

Much of what we saw and heard also made us worry about the public values implicit in individual words and actions and in Americans' failure to act in concert to change the conditions that harm children and undermine their families' ability to support and nurture them. As a commission on children, we could not avoid questioning the moral character of a nation that allows so many children to grow up poor, to live in unsafe dwellings and violent neighborhoods, and to lack access to basic health care and a decent education.

At least some of children's moral confusion stems from the conduct and attitudes of some prominent adults, including entertainers and athletes, corporate executives, religious leaders, and public officials, as well as from the cultural messages reflected in television programming, movies, videos, and popular music. Some of children's confusion also has roots in the behavior of fathers and mothers who lack the ability and commitment to be responsible parents. And some of it reflects the contradictions apparent in American society. In a nation with professed commitments to equal opportunity and to the protection and nurturance of the young, racism persists and a recent explosion of violence kills and maims children.

Children and adolescents need clear, consistent messages about personal conduct and public responsibility. The National Commission on Children urges public and private sector leaders, community institutions, and individual Americans to renew their commitment to the fundamental values of human dignity, character, and citizenship, and to demonstrate that commitment through individual actions and national priorities:

- ***We recommend that parents be more vigilant and aggressive guardians of their children's moral development, monitoring the values to which their children are exposed, discussing conflicting messages with their children, and if necessary, limiting or precluding their children's exposure to images that parents consider offensive.***

- ***We recommend that the recording industry continue and enhance its efforts to avoid the distribution of inappropriate materials to children.***
- ***We recommend that television producers exercise greater restraint in the content of programming for children. We further urge television stations to exercise restraint in the amount and type of advertising aired during children's programs.***
- ***We recommend that communities create opportunities for voluntary service by children and adults and recognize the contributions of volunteers that better the community and assist its members.***
- ***We urge all Americans to renew their personal commitment to the common good and demonstrate this commitment by giving highest priority to personal actions and public policies that promote the health and well-being of the nation's children.***

Investing in America's Future

Without a vision of a better society, Americans will never be moved to act. The National Commission on Children developed such a vision over two years of sometimes painful and always moving investigation into the lives of children and families and through many months of honest and thoughtful negotiation. We envision a nation of strong and stable families, where every child has an equal opportunity to reach his or her full potential, and where public policies and personal values give highest priority to healthy, whole children. Realizing this vision will require leadership and sustained commitment, significant investments of individual time and attention, and the allocation of financial resources.

Every sector of society benefits from caring, competent, and literate citizens, and every individual has a direct stake in seeing that all children are able to develop to their full potential. The federal government cannot and should not bear sole responsibility or the full financial costs of this national effort, but it must play a significant role. Leadership and financial support must come from other sectors as well. Some of the costs of our recommendations must be borne by states and localities and by employers. Philanthropy and voluntarism must also continue to play a critical role.

Implementation of the Commission's recommendations will cost approximately $52 billion to $56 billion in new federal funds in the first year (see table). The largest portion of this total (approximately $40 billion) is for the refundable child tax credit which offers tax relief to families raising children. Health care proposals account for another $9.1 billion. A minority of commissioners do not endorse the recommendations contained

Estimate of New Federal Costs, Fiscal Year 1993

PROPOSED	($ Billions)
INCOME SECURITY	
$1,000 refundable child tax credit	$40.300
Earned Income Tax Credit (EITC)	0.000
Child support insurance demonstration	0.104(a)
Transitional supports and services	0.000
Public employment opportunities	0.000
Aid to Families with Dependent Children (AFDC)	0.000
Subtotal	40.404
HEALTH	
Public-private health insurance plan	7.696
National Health Service Corps	0.083
Community and Migrant Health Centers	0.213
Maternal and Child Health Block Grant (MCH)	0.100
Special Supplemental Food Program for Women, Infants, and Children (WIC)	1.040
Subtotal	9.132(b)
EDUCATION	
Head Start	0.832 - 4.024
School restructuring	0.478
School choice	0.239
Support for high-risk students	0.154
Subtotal	1.703 - 4.895
TRANSITION TO ADULTHOOD	
Community-based adolescent development demonstrations	0.016
Adolescent Family Life Program	0.034
Job Corps	0.166
Community service	0.000
Subtotal	0.216
FAMILY SUPPORT	
Workplace policies	0.000
Child care	0.245
Family support centers	0.000 - 0.640
Subtotal	0.245 - 0.885
CHILD WELFARE REFORM	
Title IV-B (family preservation)	0.000 - 0.430
Subtotal	0.000 - 0.430
COORDINATION AND COLLABORATION	
Coordinated health and social services delivery demonstrations	0.031
Subtotal	0.031
CHILDREN'S MORAL DEVELOPMENT	
National Endowment for Children's Educational Television	0.004
Subtotal	0.004
TOTAL	51.735 - 55.997

(a) Rough estimate of costs, assuming FY 1993 is the second year in a five-year demonstration.

(b) A minority of commissioners do not endorse the recommendations contained within the majority health chapter and therefore do not endorse the $9.1 billion of expenditures: Allan Carlson, Theresa Esposito, Adele Hall, Wade Horn, Kay James, A. Louise Oliver, Gerald (Jerry) Regier, Nancy Risque Rohrbach, Josephine Velazquez.

within the majority health chapter and therefore do not endorse the $9.1 billion of expenditures. Most of the remainder is for social service programs. The majority of commissioners regard all of these expenditures as necessary investments to preserve personal freedom, economic prosperity, and social harmony well into the future.

To cover the federal share of costs associated with our recommendations, the Commission offers several alternative financing options. Each is based on three general principles:

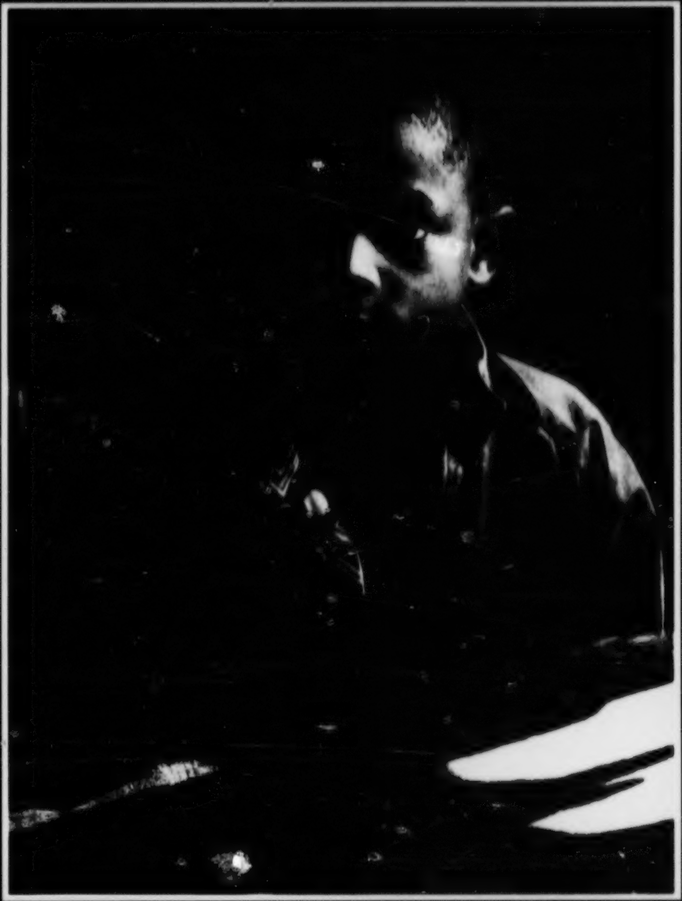
- ***Deficit Neutrality.*** We recognize the need to generate significant funds to cover the cost of our recommendations, rather than add to the existing federal deficit. Continuing large deficits leave middle- and low-income families vulnerable to economic downturns by limiting government's ability to cushion or counter recessions. They also limit economic growth and opportunity and restrict the nation's ability to meet new needs. Their persistence ensures that a future generation of Americans must pay this generation's bills.
- ***Progressivity.*** We are reluctant to add further to the taxes paid by young workers raising families, since these families have been especially hard hit by economic changes and increases in relative tax burdens in recent decades. In general, we prefer revenue sources that are progressive or that are generated on the purchase of luxury items, rather than taxes that reduce the take-home pay of low- and middle-income workers. Our income security plan recognizes the personal costs and social benefits of raising children, in part through establishment of a refundable child tax credit. We do not favor financing options that would, in effect, tax away the value of the new credit.
- ***Growth.*** We looked for sources of revenue with the potential to grow over time. While we are confident that our recommendations will ultimately yield considerable savings, we also recognize that some of this savings will only be fully realized in later years. To achieve these long-term gains, however, we must be willing to make short-term investments.

Each financing option presents a different concept of how to generate the required funding. No commissioner endorses all of the options, but each regards at least one as a viable approach. While some commissioners oppose tax increases of any kind, others rely in varying combinations on increasing taxes on individuals and corporations and on reallocating and establishing caps on federal spending.

The National Commission on Children calls on all Americans to work together to change the conditions that jeopardize the health and well-being of so many of our youngest citizens and threaten our future as an economic power, a democratic nation, and a caring society. Our failure to act today will only defer to the next generation the rising social, moral, and financial costs of our neglect. Investing in children is no longer a luxury, but a national imperative.

PART ONE

America's Children and Families: Toward a National Policy



Many things we need can wait, the child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today.

—GABRIELA MISTRAL
Chilean poet

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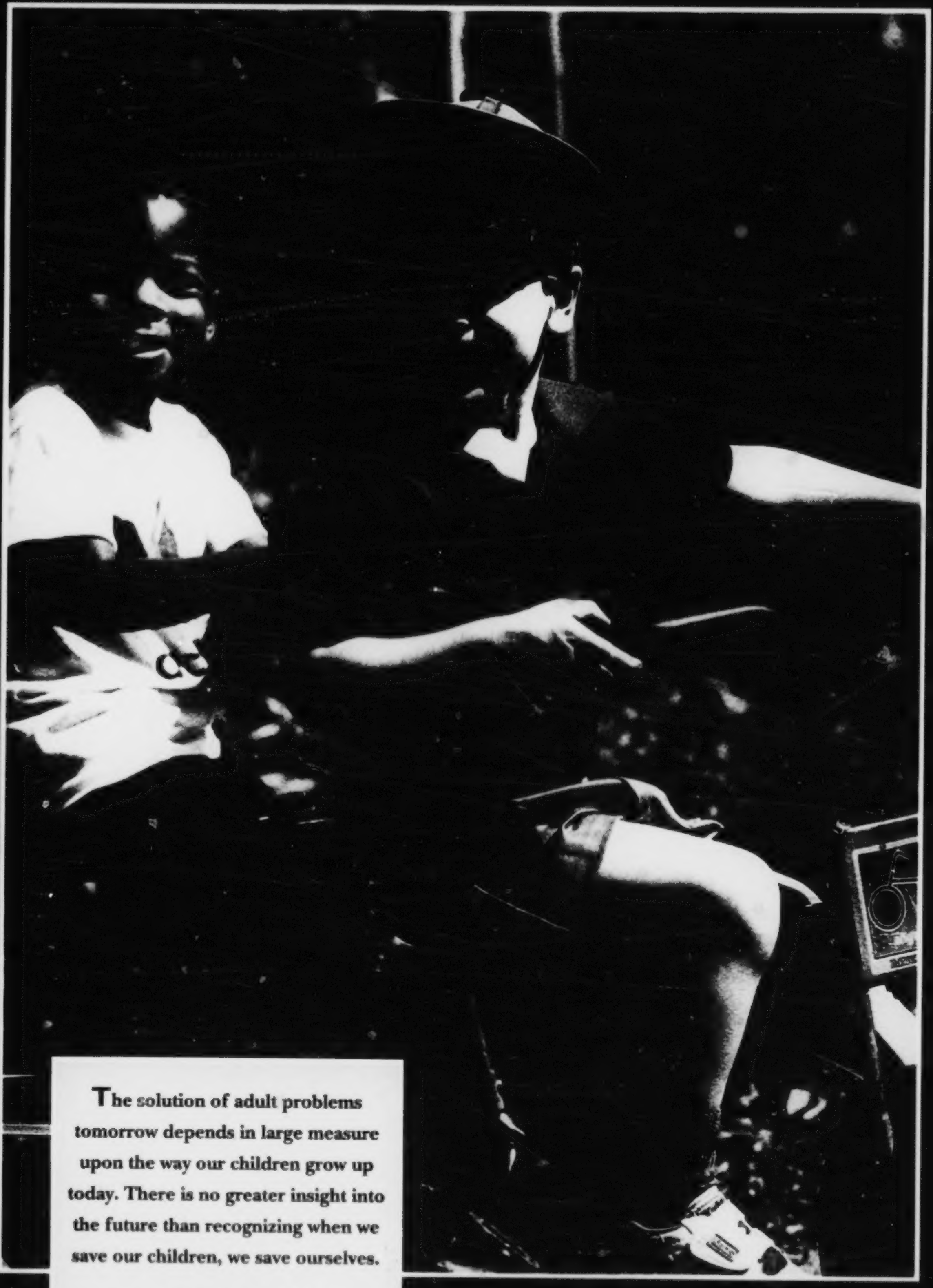


The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children, we save ourselves.

— MARGARET MEAD
Anthropologist

CHAPTER ONE

The High Cost of Failure

America's future is forecast in the lives of its children and the ability of their families to raise them. Most U.S. children are healthy, happy, and secure. They belong to warm, loving families. For them, today is filled with the joys of childhood — growing, exploring, learning, and dreaming — and tomorrow is full of hope and promise. These children will become the competent and caring parents, employees, and community leaders upon whom America's future depends.

But at every age, among all races and income groups, and in communities nationwide, many children are in jeopardy. They grow up in families whose lives are in turmoil. Their parents are too stressed and too drained to provide the nurturing, structure, and security that protect children and prepare them for adulthood.[1] Some of these children are unloved and ill tended. Others are unsafe at home and in their neighborhoods. Many are poor, and some are homeless and hungry. Often, they lack the rudiments of basic health care and a quality education. Almost always, they lack hope and dreams, a vision of what their lives can become, and the support and guidance to make it a reality. The harshness of these children's lives and their tenuous hold on tomorrow cannot be countenanced by a wealthy nation, a caring people, or a prudent society. America's future depends on these children, too.

If we measure success not just by how well most children do, but by how poorly some fare, America falls far short. The evidence of that failure is everywhere one cares to look.

Today, one in four children in the United States is raised by just one parent, usually a divorced or unmarried mother. Many grow up without the consistent presence of a father in their lives. One of every five children lives in a family without a minimally decent income. Many of these families are desperately poor, with incomes less than half the federal poverty level. Each year, half a million babies are born to teenage girls ill prepared to assume the responsibilities of parenthood. Most of these mothers are unmarried, many have not completed their education, and few have prospects for an economically secure future.

Illicit drugs and the wanton violence they spawn have ravaged U.S. communities, large and small, in recent years, with devastating consequences for children of all ages. Dramatically increasing numbers of babies are born already exposed to drugs, with health and developmental problems that will haunt them for a lifetime. Many are abandoned at birth by parents who are too impaired to want them or care for them. Young children dodge bullets on their playgrounds and are the easy prey of drug dealers. Assault, robbery, and murder are daily fare on many city streets, and today more adolescent boys die of gunshot wounds than of all natural causes.

More and more families, overburdened and debilitated by the conditions of their lives, struggle to survive in settings where poverty, unmarried childbearing, absent fathers, unemployment, alienation, and violence are common. Under these circumstances, it is difficult for parents to teach children the value of marriage, steady work, and a healthful lifestyle. Children have few opportunities to acquire the skills, attitudes, and habits that lead to success in school, productive employment, and strong, stable families. They have few models to show them that character, self-discipline, determination, and constructive service are the real substance of life. And many believe they have little to lose by dropping out of school, having babies too early, or committing crimes.

Poverty robs many children of their childhood. It threatens their health and long-term prospects and exposes them to daily levels of stress and violence that most of us would find unbearable. But a child need not be economically poor to be impoverished in America today. A poverty of spirit

Just who are these children at risk? They are our children. Yours, mine, our neighbors. Their parents are white collar, blue collar, and professionals. They live in cities, suburbia, towns and yes, even on the farms. All youth today are at risk.

— PAMELA ROBBINS
Extension Home Economist,
Jeffersonville, Indiana

touches every child, at whatever income level, who does not receive the time, attention, and guidance he or she needs and wants from parents and other caring adults. Many of these children are lonely, isolated, and insecure. They are often vulnerable to a subculture of alienation, recklessness, and damaging, antisocial behavior. A poverty of hope afflicts every child who feels unwanted and unvalued, whose customary experiences are of rejection and failure. For these children, failure is a vicious cycle that begins early and convinces them that competence and achievement are

beyond their reach. A poverty of opportunity affects every child whose education is inadequate to meet the growing demands of a changing workplace and whose exposure to cultural enrichment and constructive involvement in his or her community is limited. For all these children, rich and poor alike, the future holds little promise.

Is every child in America endangered? Some observers would say no: most children are in good health and have loving parents who tend diligently to their physical, intellectual, and spiritual needs. But we live in an interdependent world, and even children shielded from the personal effects of poverty, illness, and extreme misfortune confront circumstances and conditions that jeopardize their health and well-being. Their schools are often just as troubled as those of more obviously vulnerable children, their streets just as dangerous, the adults around them just as hurried and distracted. They receive the same cultural messages equating personal success with materialism, greed, and power, while trivializing commitment to marriage, family, and community.

In communities across the nation, the National Commission on Children encountered boys and girls of all ages and parents from many different backgrounds who faced tremendous odds. We talked with suburban youngsters struggling to overcome serious addictions to drugs and alcohol, foster children in Los Angeles with no place to call home,[2] and frightened teenagers on violent streets in Kansas City. We saw newborns in Chicago exposed to drugs, preschoolers in San Antonio whose immigrant parents had little knowledge and few resources to make their way in a foreign culture, and young adolescents with severe mental disorders in a New Haven hospital. We met working poor parents in West Virginia struggling to make ends meet on declining wages, homeless families in California fighting to stay together, and families of children with disabilities exhausted and financially depleted by the burden of their children's care.

We are deeply disturbed that a nation so captivated by youth is leaving so many of its young behind. Few subjects inspire more soaring rhetoric than children. Yet in their individual and collective actions, Americans fall short of their words. Some adults take on the responsibilities of parenthood with little thought or planning; others shed them with equal abandon. In the halls of government, public investments in strong families and healthy, whole children are grudging and piecemeal, guided by neither a common vision nor a sense of shared responsibility. In the workplace, the value of conscientious parenting is often unrecognized and rarely rewarded. In communities, the call for meaningful service and voluntarism on behalf of children often goes unheeded. In popular culture and in the actions of prominent citizens, there are few positive messages to children and youth and much that undermines the values of honesty, human dignity, and service to others.

The result is that too many children are entering adulthood without the skills or the motivation to contribute to society. They are poorly equipped to reap the benefits or meet the responsibilities of parenthood, citizenship, and employment. What consequences await them, and what future awaits the rest of us?

Facing the Consequences

In years to come, the United States will be less safe, less caring, less free, unless we act today. We catch glimpses of this future in the violence that stalks children in schoolyards and neighborhoods, the homeless who crowd city streets, and prisons filled to capacity. We see it in the growing number of children without fathers, students without skills, teenagers without hope.

For much of the post-World War II era, American industry and labor reigned supreme in the world. Today, we face fierce competition in a growing global market. Other nations match and sometimes surpass the productivity of American workers and the quality of our goods and services. Our economic strength and vitality require an educated and highly motivated labor force with sophisticated skills and the ability to handle complex situations competently and efficiently.

At the same time, the demands of democracy will become greater as the nation's population grows more diverse. Today's and tomorrow's citizens face an array of new and daunting challenges — rebuilding urban neighborhoods and rural communities, caring for increasing numbers of the frail and the elderly, defending our principles and interests at home and abroad, protecting and preserving the environment. These tasks will require thoughtful, educated citizens, persons willing and able to weigh difficult issues, participate in the electoral process, and contribute to the well-being of their communities.

How will we meet economic competition when American students lag behind their counterparts in Europe and Asia and so many drop out of school each year? How will strong families and social responsibility flourish when so many children lack the personal commitment, consistent guidance, and positive examples of important adults in their lives?

For most of our history, American parents have delighted in seeing their children achieve more than they did themselves. Overall, each generation has been better educated, better housed, more skilled, and more economically secure than the previous one. But for many Americans, those days are over. Growth in real wages virtually halted in 1973,[3] and families today spend a higher proportion of their incomes on housing, transportation, health care, higher education, and taxes.[4] Poverty rates among young families have almost doubled since the mid-1960s,[5] and middle-income families report greater difficulty making ends meet.[6] For perhaps the first time since the Great Depression, American children will no longer routinely surpass their parents' standard of living.

In the past, when economic growth seemed to know no bounds and the baby boom produced at least as many workers as industry could employ, the nation could absorb the financial costs of a small group outside the mainstream. Those days, too, are gone. The proportion of children in the U.S. population has declined dramatically since 1960,[7] and the labor force could begin to shrink in little more than a decade.[8] At the same time, the population of retired Americans is growing steadily, both in number and as a proportion of the population.[9] For much of the foreseeable future, a declining number of workers will have to support a growing number of retirees. This trend, unaccompanied by significant increases in the productivity of the labor force, threatens the very foundations of Social Security and other social compacts between the young and the old.

Tomorrow's work force, smaller in number and less productive, will also have to pay the rising costs of festering social problems. Schools, over-

When we look at kids in our communities who take short cuts, we shouldn't really look at them and isolate them from the rest of the society, because when we look to our leaders, a lot of kids feel like we've been forgotten by our leaders.

— VALDIR BARBOSA
Yale freshman from Cambridge, Massachusetts

whelmed by the need to teach students better and teach them more, will need additional resources to respond to a new population of students — some with severe learning and behavioral problems that stem from early exposure to poverty, chaos, and drugs, others with limited ability to speak English or adapt to a new culture. Left unchecked, violence, drug abuse, and alienation will require us to spend even more to protect our streets and homes and to jail those who threaten our lives and property. Publicly

funded hospitals will treat a growing number of victims, as well as persons unable to secure routine health care. Continued high rates of teenage pregnancy and school failure will further swell the ranks of people dependent on public assistance for their basic needs. Already, states, and especially cities, are bowing under the weight of social problems that no one believes will disappear on their own.

Our lives may also be impoverished culturally and intellectually in the future, as fewer Americans are exposed to great literature, music, and art. The lessons of history may go unnoticed and thus unheeded. Our knowledge and appreciation of the different cultures that are America may diminish, making our lives a little narrower, our social circles a little smaller.

Perceptions of inequity and lack of opportunity destroy a nation's sense of community, breeding animosity between rich and poor, young and old, majority and minority. We see this already in random acts of violence, and we hear it in the angry rhetoric that creeps into debates about poverty, race, the elderly — and now even children. One prominent businessman, long a leader in efforts to end childhood poverty and improve public education, warned that the growing gulf between rich and poor could turn us into a nation of two armed camps.[10]

Whether the years to come will be this bleak or simply less tolerant, less comfortable, and less free, the message remains the same: America's future — as a democratic nation, a world leader, and an economic power — will depend as much on youngsters who are ill educated, alienated, or poor as on those who are more advantaged. We can no longer afford to be such careless stewards of our children's future.

Americans have to be confronted with the reality of the world they live in as opposed to the image of what they think and want it to be. And my money — I'll place my money on the American people. If they are confronted, if they understand the difference between what is and what they think it is, they will do the things that are required.

— REED V. TUCKSON, M.D.
From testimony while Commissioner of Public Health, Washington, D.C.

Accepting Responsibility

Opinion surveys indicate that Americans from all walks of life, whether they are raising children or not, believe that something is terribly amiss with children and families.[11] Scholarly research and thoughtful analyses have identified the changes in society that contribute to children's increasing vulnerability. Political leaders and public officials hold passionate debates over causes and remedies.

Many people blame government and other social institutions for failing to channel enough resources to children and families. Some fault parents for placing personal needs and desires before those of their children. Others condemn economic uncertainty and technological innovations, from television to nuclear war, for diminishing parents' ability to control the external forces that impinge on their children's lives. Still others accuse a popular culture that trivializes individual responsibility and commitment to family and community while celebrating personal gratification and greed.

This debate over who or what is responsible for the precarious position of children and families tends to obscure rather than enlighten and usually ends in bitter stalemate. Clearly, the problems that harm children and threaten the nation have their roots in the failure of individuals to assume responsibility for themselves and the children they bring into the world. But they spring as well from society's failure to invest in children's well-being and to support and encourage families in the critical and often difficult task of rearing children.

Accordingly, solutions will depend on strong leadership and the concerted efforts of every sector of society — individuals; employers; schools;

civic, community, and religious organizations; and government at every level. They will require creative public policies and private sector practices, thoughtful investments of public and private resources, and significant commitment of individual time and attention to the needs of children and their families.

The time for blame and recrimination is over. Too many children have already paid too high a price for our carelessness. We may not all be equally guilty of creating this situation, but we are all equally responsible for changing it.[12]

Time to Act

Compassion alone would be sufficient reason to invest in America's children. One cannot help but be moved, as members of the Commission were, by the poignant stories of children growing up in poverty, the loneliness and confusion of youngsters without caring adults to turn to, the pain of a sick newborn or a depressed adolescent. Even if there were no larger social and economic benefits to be gained, few Americans would willfully turn their backs on these children in need.

In this instance, however, selflessness and self-interest converge. Doing what is right and doing what is necessary to save our national skins are one and the same. Our best instincts to nurture, protect, and guide the young, when translated into policies, programs, and voluntary action, benefit society as well. Some of these benefits are easily measured — healthier, better-educated children; reduced public costs of health care and remedial education; decreased crime, violence, and their associated costs; increased tax revenues and lower welfare payments; improved productivity of American industry and labor. Others, while not as readily quantified, are equally significant — stronger families; more active, inclusive communities; a freer, fairer society; a more optimistic citizenry.

In recent decades, an extensive body of knowledge regarding child development has become available to guide our planning and inform our judgments. A quarter century and more of social programs and bold experiments — some successful, others not — tell us much about effective solutions and promising approaches. Research and programmatic innovation should continue, but we know enough now to act.

Investing in children is no longer a luxury — or even a choice. It is a national imperative as compelling as an armed attack or a natural disaster. In this time of renewed patriotism and national pride, it must be un-American for any child to grow up poor, unsafe, uneducated, or unloved.[13]

The American economy, and thus American society, has been built around the idea that tomorrow's generation will do better than today's. The poor believed that, too. But if those at the bottom of the economic ladder stop believing the child's future holds more promise than the parent's past, we will be in serious trouble.

— WILLIAM S. WOODSIDE
Chairman,
Sky Chefs, Inc.,
New York, New York

CABIN CR
AND

> **A**t our best level of existence, we are parts of a family, and at our highest level of achievement, we work to keep the family alive.
>
> — MAYA ANGELOU
> Author and Playwright

CHAPTER TWO

The Changing American Family

Dramatic social, demographic, and economic changes during the past 30 years have transformed the American family. For many children and parents the experiences of family life are different today than a generation ago. Families are smaller. More children live with only one parent, usually their mothers, and many lack the consistent involvement and support of their fathers. More mothers as well as fathers hold jobs and go to work each day. Yet children are now the poorest group in America, and if they live only with their mother and she is not employed, they are almost certain to be poor. Moreover, many of the routines of family life have changed; regardless of family income, parents and children spend less time together.

By now, these changes are quite familiar. Indeed, they have been widely studied and discussed in recent years: scholars have sought to explain them, journalists have publicized them, and government has responded with many new policies and programs. Although their causes and consequences are still not fully understood, it is clear that they have had profound effects on family roles and on relationships between fathers, mothers, and children and between families and the communities in which they live. Observers from many quarters worry that these changes have had largely deleterious effects on family life and have caused a dramatic decline in the quality of life for many American children.

American Children and Families in Transition

Children as a Declining Proportion of the U.S. Population

As we enter the last decade of the twentieth century, older Americans are living longer[1] and families are having fewer children.[2] As a consequence, children are a declining proportion of the U.S. population (see Figure 2-1). Between 1960 and 1990, the number of Americans age 65 and over nearly doubled, from 16.7 million to an estimated 31.6 million. Demographers project that by 2010 the elderly population will have increased to nearly 40 million. Thus, in just 30 years the proportion of the elderly in the U.S. population has risen from 9.2 percent to 12.6 percent, and it is expected to rise to almost 14 percent by 2010.[3]

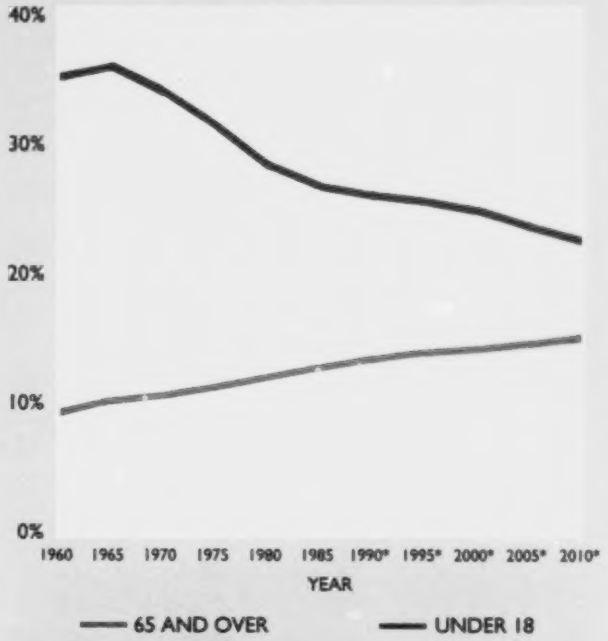
In contrast, although the number of children under age 18 was approximately the same in 1990 as it was in 1960 (about 64 million), the proportion of children in the population has declined sharply. In 1960 children accounted for 36 percent of all Americans; in 1990 they were 26 percent, and by 2010 they are expected to be 23 percent.[4]

Families are smaller, on average, than they were in the 1950s. Birthrates have fallen, and women now are having fewer children. Between the mid-1950s and the mid-1970s, the number of births per 1,000 women age 15 to 44 decreased by almost half, from 122.7 to 67.8; since then, it has remained relatively steady.[5] Likewise, the average number of births per woman decreased from 3.7 to 1.8 during this period and has increased only slightly in recent years.[6] Despite long-term declines in the birthrate, the U.S. population is projected to continue to grow over the next 20 years because of immigration and because the baby boom cohort born during the decade following World War II will continue to have babies.[7] However, in the twenty-first century, the United States, like several Western European nations, could face a declining population as well as an aging one.

In addition, minorities — including blacks, Hispanics, Asians, Native Americans, Eskimos, and Aleuts — make up a greater share of the population today than they did in past decades. In 1989 about 80 percent of children in the United States were white, 16 percent were black, and 4 percent were of other races; about 11 percent of the total population were of Hispanic origin.[8] In 1960 more than 86 percent of children were white, 13 percent were black, and 1 percent were of other races.[9] The growth in

FIGURE 2-1

Children and the Elderly as a Proportion of the U.S. Population



* Middle series projections

SOURCE: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, ser. p-25, no. 1018, *Projections of the Population of the United States by Age, Sex, and Race: 1988-2080* (Washington, DC: Government Printing Office, 1989), p. 8, table G.

Hispanic and Asian populations in this country has been especially rapid in the past decade, partially because of immigration and partially because of higher fertility rates among these groups.[10] Demographers project that the proportion of minority children will continue to increase over the next 20 years.[11] Because minority children are disproportionately disadvantaged in terms of family income, access to high-quality education and health care, and employment opportunities, the nation now faces a substantially needier population of young people.

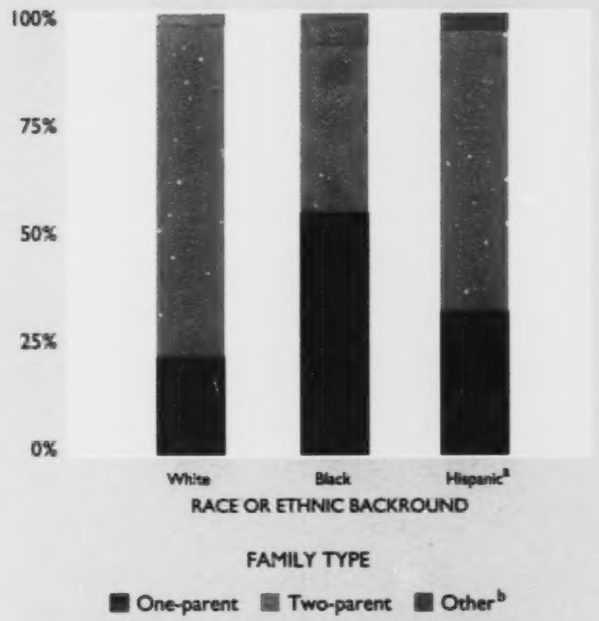
As the proportion of youth declines and the population of older Americans grows, each worker will bear a greater burden of support for the nation's retirees. In 1950 there were 16 workers making contributions to the Social Security system for every retiree drawing a Social Security pension; in 1960 the ratio declined to 5 to 1; in 1990 it dropped to 3 to 1; and it is expected to decline further, to approximately 2.2 to 1, by 2020.[12] Given this trend, the nation can ill afford to waste the talents and future productivity of even a single child.

More Children Living in Single-Parent Families

Over the past 20 years, a rapidly rising divorce rate and a rising rate of out-of-wedlock childbearing, especially among teenagers, have dramatically increased the number and proportion of children in single-parent

FIGURE 2-2

Living Arrangements of Children Under 18, 1989



[a] Hispanic people may be of any race. [b] Living with relatives or nonrelatives.

SOURCE: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, ser. p-20, no. 445, *Marital Status and Living Arrangements, March 1989* (Washington, DC: Government Printing Office, 1990), p. 3, table C.

families.[13] In 1970 about 12 percent of children lived with only one parent, usually their mother; in 1989 approximately 25 percent, more than 16 million children, did.[14] Black children are far more likely to live with one parent than are white, Hispanic, Asian, or Native American children (see Figure 2-2).[15] Nevertheless, the substantial rate of growth in single parenthood was comparable for whites, blacks, and Hispanics during the 1970s and 1980s.[16]

Divorce and separation are the major causes of single parenthood in the United States. Indeed, this nation has the highest divorce rate in the world.[17] At present rates, approximately half of all U.S. marriages can be

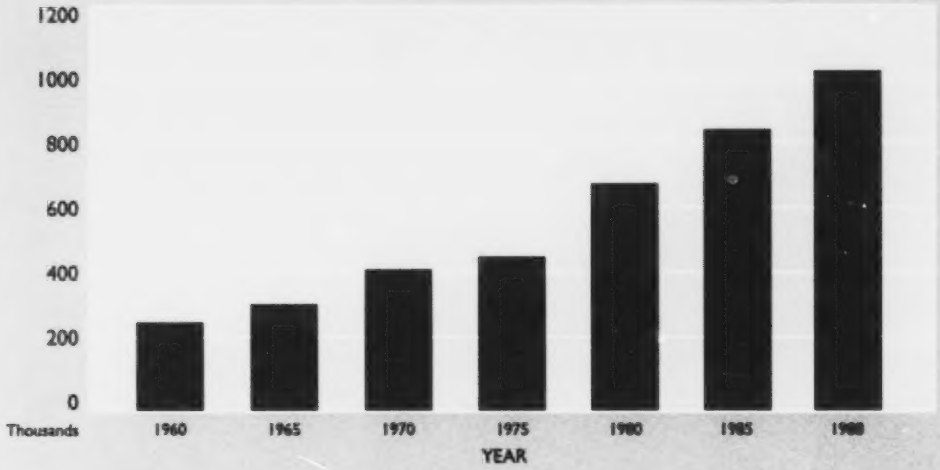
expected to end in divorce,[18] and the majority of divorces involve children. Each year, more than a million American children are affected by their parents' decision to separate or end their marriages.[19]

The other major cause of single parenthood is out-of-wedlock childbearing. Although marriage remains a central aspect of adult life, the age of marriage has steadily risen since the 1950s. As a result, marriage and childbearing are increasingly separate events. In 1960 only 5 percent of all births in the United States were to unmarried mothers; in 1988 more than 25 percent were. Today, more than a million babies each year are born to unmarried women (see Figure 2-3).[20]

Births to adolescents are especially likely to occur outside of marriage. Approximately 40 percent of white babies and 90 percent of black babies of teenage mothers are born into single-parent families.[21] Even when teenagers

FIGURE 2-3

Births Outside of Marriage, 1960-1988



SOURCE: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States 1988*, vol. 1, *Natality* (Washington DC: Government Printing Office, 1990), p. 7, table 1-6.

do marry, their marriages tend to be unstable, and for this reason the children of teenage mothers are even more likely than other children to spend a substantial portion of their formative years in a single-parent family.[22]

A striking feature of the growth of mother-only families over the past generation has been the difference between blacks and whites. For whites, the increase is primarily due to divorce and separation; for blacks, it is primarily the result of childbearing outside of marriage.[23] Yet taken together, the result of these trends is that more than half of all white children and three-quarters of all black children born in the 1970s and 1980s are likely to live for some portion of their formative years with only their mothers.[24]

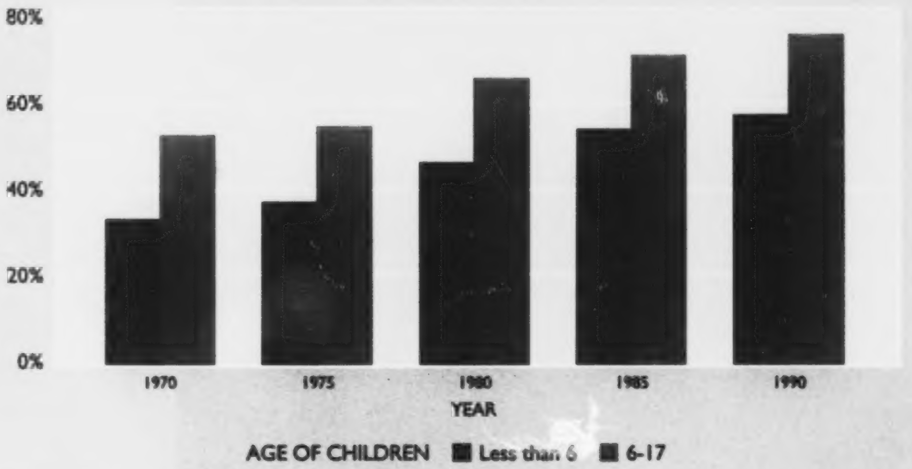
High rates of marital disruption and the growing number of out-of-wedlock births are related to complex social and economic trends over the past generation. Although most Americans profess to value marriage, there is strong evidence that the importance of marriage and intact families has diminished somewhat, relaxing social constraints on divorce, out-of-wedlock childbearing, and single parenthood.[25] Simultaneously, young men's earnings have eroded, making it increasingly difficult for many — especially young minority men with limited education and job skills — to earn an income sufficient to support a family. Between the mid-1970s and the mid-1980s, marriage rates among 20- to 24-year-old men declined by nearly half — from 39 percent to 22 percent — compared to only a 3 percent decline during the previous decade.[26] In many communities, young men have become less attractive marriage prospects, especially for young women on welfare. At the same time, growing opportunities for women in the labor force have enabled some to leave an unhappy marriage and raise children alone.

More Children with Parents in the Work Force

Perhaps the most dramatic social change of the past 20 years has been the steady march of mothers into the paid labor force (see Figure 2-4).[27] Between 1970 and 1990, the proportion of mothers with children under age six who were working or looking for work outside their homes rose from 32 percent to 58 percent. Today, approximately 10.9 million children

FIGURE 2-4

Mothers in the Paid Labor Force, 1970-1990



SOURCE: US Department of Labor, Bureau of Labor Statistics, *Handbook of Labor Statistics*, bull. 2340 (Washington, DC: Government Printing Office, 1989), p. 244, tables 56 and 57; US Department of Labor, Bureau of Labor Statistics, unpublished data from March 1990 Current Population Survey.

under age six, including 1.7 million babies under one year and 9.2 million toddlers and preschoolers, have mothers in the paid labor force.[28] Mothers of school-age children are even more likely to be in the labor force. In 1990 over 74 percent of women whose youngest child was between the ages of 6 and 13 were working or looking for paid work. Approximately 17.4 million children, more than 65 percent of all children in the latter age group, had working mothers in 1990.[29] Among employed mothers, nearly 70 percent whose youngest child is under six and more than 74 percent whose youngest child is school age work full time.[30]

Historically, unmarried mothers have been far more likely to work than married mothers.[31] Yet the sharpest increase in labor force participation among mothers over the past 20 years has been among married mothers, especially those with very young children. More than 66 percent of married mothers are now working or looking for work outside their homes.[32] In past generations, most of these women would have quit their jobs and stayed at home when they married or had children, but today they are remaining at

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work. Women who wait to have their first baby until after age 25 and women with four or more years of college are more likely to continue working than are younger mothers and those who fail to complete high school.[33]

The reasons that individual mothers decide to go to work or stay in the labor force undoubtedly vary from one family to another. On an aggregate level, however, complex social, cultural, and economic factors have fueled this trend in the United States and most other developed countries. Increases in the number of available jobs, especially in the service sector; successful legal efforts to expand women's access to the workplace; the continued influence of the women's movement; and the mechanization of many household tasks have all undoubtedly contributed.[34] The declining income and employment opportunities of young men, especially those who lack skills, and the difficulty of maintaining a secure standard of living on one income have also added momentum.[35]

> **I work two jobs and I go to school at night...It's my responsibility to take care of our future; I want to go for my degree...I want my son to look back and say, "my mom accomplished that," because I want him to do the same thing that I did.**
>
> **— PARENT AND TARGET STORES EMPLOYEE**
> **Minneapolis, Minnesota**

Changing patterns of mothers' employment represent more than a mere shift in American attitudes or fluctuations in short-term macroeconomic conditions, although these have clearly played a part.[36] Over the past generation, the opportunity costs of staying at home, primarily in the form of foregone earnings, have increased for mothers. Some scholars call for a return to the single-earner "family wage" system of the 1940s.[37] Others, however, suggest that the movement of mothers into the paid work force is likely to become even stronger in the future as projected labor shortages make women increasingly essential to the shrinking labor pool.[38] To date, social adjustments — in the workplace, in communities, and even in families — have been rather slow to take root. Over the coming years, society's ability to adapt to the changing needs of working fathers, working mothers, and their children will be increasingly essential to the health and vitality of families and to the well-being of their children.

More Children Living in Poverty

Children's economic well-being is directly related to that of their families. On average, children are better off in the 1990s than they were 20 to 30 years ago. After adjusting for inflation, the mean incomes of families with children increased by 46 percent between the early 1960s and the early 1980s, primarily because family incomes rose until 1973 and because most families had fewer children.[39]

But the news is not all good. The gap between the family incomes of more affluent and poorer children widened substantially over the past generation. Despite economic expansion since the early 1980s, that gap has not narrowed.[40] Complex and countervailing economic trends have significantly influenced the economic well-being of American families with children. Although in earlier decades most families could look forward to greater prosperity than previous generations, fewer can today. Growth in real family income slowed considerably in the 1970s and 1980s. Wealth became more concentrated among a smaller segment of the population. Many families with children became economically less secure, and poverty rates among children, after decreasing for almost two decades, rose during the 1970s and early 1980s and have remained high ever since.[41]

Today, children are the poorest Americans.[42] One in five lives in a family with an income below the federal poverty level.[a] One in four infants and toddlers under the age of three is poor. Nearly 13 million children live in poverty, more than 2 million more than a decade ago.[43] Many of these children are desperately poor; nearly 5 million live in families with incomes less than half the federal poverty level.[44]

Poverty among children varies considerably by race and family composition (see Figure 2-5). While the majority of poor children are white, minority children are much more likely to live in a poor family. About 44 percent of all black children and more than 36 percent of Hispanic children are poor, compared to fewer than 15 percent of white children.[45]

Children living only with their mothers are especially likely to be poor. Approximately 43 percent of mother-only families are poor, compared to only about 7 percent of two-parent families.[46] Because so many children are now expected to spend some of their childhood with only their mothers — either because of divorce or because their mothers never marry — the chances that an American child will be poor are far greater than in the past. Further, the chances that these children will live in poverty for longer periods of time are also greater. Although poverty among two-parent families typically fluctuates with changes in the economy, poverty among mother-only families is persistent.[47]

Children in mother-only families are economically better off when their mothers are employed, but they are not as well off, on average, as children living with two parents. Single mothers often find it difficult to work full-time while caring for children. When they do work, they often lack the skills and experience necessary for higher-paying jobs. Other sources of

My husband works for a nonprofit and gets partial health coverage, and I work part-time in a shelter for homeless and runaway children. With my husband working full time and me working part-time, we still qualify as the working poor and we are up against a real uphill battle in a lot of regards.

— WORKING PARENT
Charleston, West Virginia

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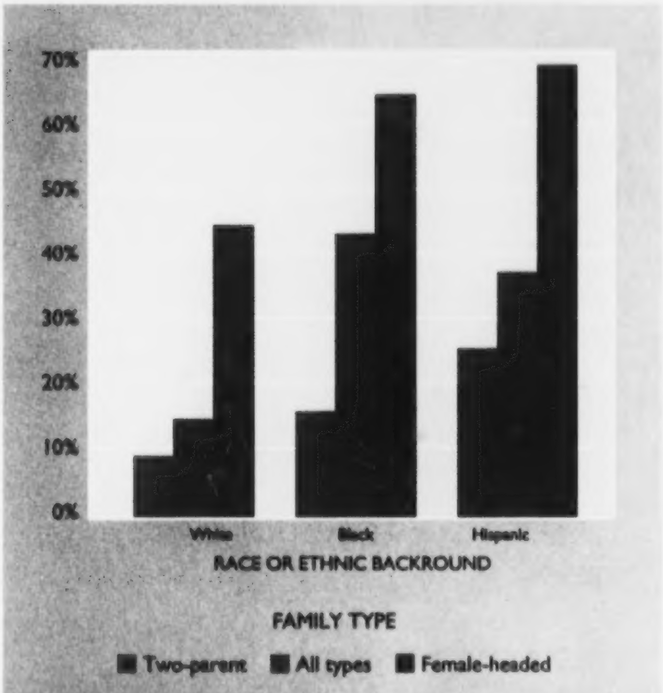
[a] In 1989, the Census Bureau's poverty threshold was $9,885 for a family of three, $12,675 for a family of four, and $14,990 for a family of five.

income, including child support, alimony, and welfare, if they are available at all, are usually insufficient to lift single mothers and their children out of poverty.[48] As a result, children who live only with their mothers are almost certain to be poor if their mothers are not in the work force.

FIGURE 2-5

Poverty Rates Among Children, 1987



SOURCE: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, ser. p-60, no. 168, *Money Income and Poverty Status, 1989* (Washington, DC: Government Printing Office, 1990), p. 37, table 6.

Children who grow up in a family with two parents are less likely to be poor. Marriage and a father's earnings are often a buffer against poverty, but they are not a guarantee. Some two-parent families are poor, including those in which a parent is employed. Among poor two-parent families with children, 40 percent have a full-year, full-time worker. Another 46 percent have one or two adults who work at least part-time or part of the year.[49] Poverty among two-parent families is closely linked to changes in wages and incomes. When the economy is strong and wages and incomes are on the rise, poverty declines among families with both a mother and a father. When economic performance wanes, and wages and incomes fall, more two-parent families slip into poverty.[50]

In many ways, working poor families — whether they have one or two parents — face the harshest dilemma of all. Their incomes preclude or seriously diminish welfare payments and related benefits, including food stamps, housing assistance, and health insurance coverage. Because many low-income working families do not receive health care coverage as a benefit of employment, and because income from employment usually precludes

eligibility for Medicaid coverage, children with parents in low-paying jobs often have no health insurance protection.

The sweeping social and economic changes of the past 20 years have made it more difficult for families to support their children. Even among middle-income families, life is less secure. As higher-paying jobs in manufacturing have disappeared, the earnings of many American workers have not kept pace with inflation. New jobs created in the 1980s were increasingly in the service sectors and were far more likely than manufacturing jobs to be part-time or temporary, to pay low wages, and to lack other benefits.[51]

Our situation is unusual because I'm on a rotating shift. For four months I work during the day and then for four months I work at night. My husband also works at night sometimes. It works out, but it does get trying sometimes to find day care that can be as flexible as our schedules.

— PARENT AND TARGET STORES EMPLOYEE
Minneapolis, Minnesota

Simultaneously, the rising burden of taxes has left many middle-income families raising children with less disposable income.[52] As a consequence, many middle-income families need more than one paycheck to maintain a modest standard of living or just to make ends meet. Families with only one wage earner — especially mother-only families — have suffered the greatest losses and are the most economically vulnerable.

Changing Roles and Routines of Family Life

In many two-parent families today, the traditional roles and responsibilities of mothers and fathers have changed. Mothers contribute a larger share of earned income and fathers assume a larger share of day-to-day parenting responsibilities. In single-parent families, one parent, usually a mother, has to shoulder both economic and parenting responsibilities, and children often lack material support and personal involvement from the other parent.

Most American children are still cared for by their parents. When mothers go to work, fathers are often the principal caregiver. In a very small proportion of families, fathers remain at home full-time and take over the role of homemaker. In others, parents juggle their work schedules so that one or the other is always available to care for children. For a rapidly growing number of American children, however, care by adults outside their immediate family is becoming an increasingly common aspect of everyday life. Nearly 20 million children, about 70 percent of those with employed mothers, are cared for by an adult other than a parent, grandparent, or sibling.[53] While preschool children are almost always in the care of an adult, an estimated 1.3 million children age 5 to 14 care for themselves during the hours when they are not in school.[54]

Regardless of family structure or income, the traditional routines of family life are increasingly being challenged by the demands of work, children's extracurricular activities, and the lure of interests and opportunities outside the family. Many parents go to great lengths to preserve the activities and rituals that strengthen family ties and anchor and guide children — dinner together, family outings, and family participation in community, school, and religious activities.[55] But in some families these activities have become less common occurrences.

To maintain strong, close relationships and to feel a sense of satisfaction with their families, parents and children need time together.[56] Yet many parents and children, including those in two-parent families, find themselves spending less time together than either needs or would like (see

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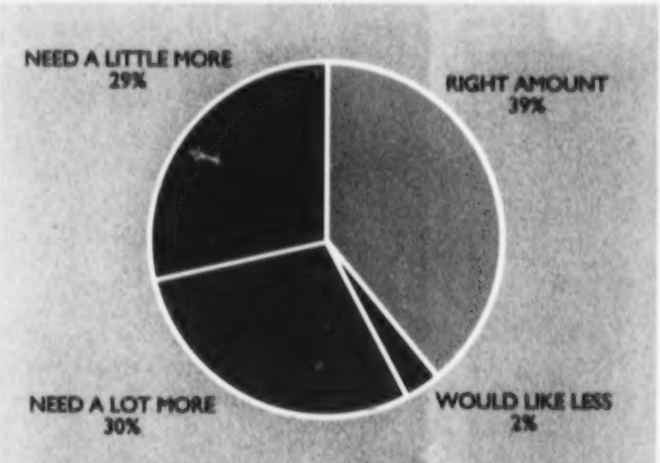
FIGURE 2-6

Parents' Assessment of the Amount of Time They Spend with Their Families



SOURCE: National Commission on Children, *Speaking of Kids: A National Survey of Children and Parents* (Washington, DC: National Commission on Children, forthcoming).

Figure 2-6).[57] In response to economic pressure, many middle- and low-income parents are working longer hours, leaving them less time at home with their children. Regardless of marriage, parents who are employed full-time are more likely to report that they want more time with their families. As the number of families with only one parent grows, and as pressures mount on parents to work long hours to make ends meet, it will become even more difficult for some parents and children to spend time together.

Are Children Worse Off?

Most American children are healthy and happy. They are growing up in families that tend diligently and lovingly to their physical, social, and emotional needs.[58] But at every age and income level there are sizable numbers of children whose lives are less easy or secure. Their circumstances are all the more striking when contrasted with the majority of American children. Scholars continue to debate how and to what extent the social, demographic, and economic trends of the past generation have affected the health and well-being of American children. Their findings are not definitive, and reasonable people might legitimately interpret them differently.[59] Nevertheless, there is ample evidence that children are worse off in 1990 than they were in 1970, in several important respects.

Poverty and Its Effects

Though many children are living in more economically secure circumstances today than 20 years ago, many others are more vulnerable. The rise in divorce and out-of-wedlock childbearing has worsened the economic position of children by increasing the number of mother-only families. The period from 1974 to the present marks the first time in the nation's history that children have been the poorest group in society.

Poverty and economic instability are associated with well-documented negative effects on children. Many poor children go undernourished, are inadequately clothed, and live in substandard housing. For them, the world is often a dangerous and threatening place to grow up. It is crime-ridden streets where schools and playgrounds are the domain of gangs and drug dealers, or it is desolate rural areas without adequate roads and running water. It is dilapidated homes with broken windows, poor heating, lead paint, rats, and garbage. It is a world in which children grow up afraid and ashamed of the way they live, where they learn basic survival skills before they learn to read. Some poor youngsters succeed and prosper despite adversity. Many others face limited futures outside the economic, social, and political mainstream.

Most poor children in America are in double jeopardy. They experience the most health problems but live in the least healthful environments and have the least access to medical care. They are at the highest risk of academic failure, but often attend the worst schools. Their families experience the most stress but have the fewest social supports.

Parent-Child Relationships

How does mothers' employment affect children's development? The answer is neither simple nor clear. Mothers' employment almost always improves the economic well-being of families with children, and often it is the essential difference between whether or not they can make ends meet. To the extent that mothers' working keeps children out of poverty and ensures that their basic material needs are met, it has important positive effects.

Yet mothers who work outside their homes have less time to spend with their children. The long-term effects of this separation on children's development are the subject of passionate debate. Detailed reviews of the research show that there are no consistent positive or negative effects. How children fare depends to a significant extent on mothers' and fathers' attitudes about work and childrearing, the characteristics and special needs of their children, the availability of other formal and informal supports, and, most important, the quality of care children receive.[60] Yet the development of close and enduring bonds between parents and children is critical, especially during the earliest months of life. When the

demands of a job leave mothers and fathers too stressed and drained to do a proper job of nurturing, children suffer. When children fail to receive the love and attention they need at home and when they do not receive high-quality care outside their homes, the consequences can be devastating.

Health

American children are healthier in many respects today than in the past, but the rate of improvement has slowed. Infant mortality has declined in the United States, but it remains unacceptably high, with rates exceeding those in 21 other developed countries. Almost 40,000 American babies die before their first birthday.[61] Black babies and babies in low-income families are at significantly greater risk of dying than are white babies and babies born into economically secure families. Low birthweight, the leading factor associated with infant death, also remains unacceptably high. No progress has been made since 1980 in reducing the rate of babies born with low weights; for black babies, the rate has risen.[62]

The growing epidemic of alcohol and illegal drug use, especially use of crack cocaine, by pregnant women severely threatens the health and development of as many as 375,000 babies each year.[63] Related to intravenous drug use are the rapidly rising rates of HIV infection among women of childbearing age and of babies at risk of developing AIDS. Though the number of infants who test positive for HIV at birth is relatively small so far, it is projected to grow dramatically over the coming decade.[64] The unnecessary pain of these children and the sorrow of those who care for them are already enormous.

Despite improvements in maternal and child health over the past several decades, poor and minority children are still more vulnerable to a number of health problems. In part, this reflects the fact that they often live in home environments and neighborhoods that do not protect their health and safety. It also reflects the fact that they and their families are less likely to have access to health care. Currently, some 32 million Americans, including 8.3 million children under age 18, have no form of health insurance coverage.[65] Pregnant women who lack insurance often fail to receive appropriate prenatal care, adding to the risks of complicated pregnancies and poor birth outcomes. Many uninsured children see a health care provider only when a condition has become so severe that it can no longer be ignored. Then, typically, their parents take them to emergency rooms or trauma centers. They rarely see the same doctor twice, and no single professional follows their case. For these children, who are already at risk because of the other circumstances of their lives, the lack of preventive and acute care and their untreated health conditions often lead to unnecessary disease, disability, and death. Measles and whooping cough, preventable with immunizations, cause irreparable neurological damage in severe cases; ear infections, easily treated with antibiotics, lead to hearing loss; anemia, preventable with a proper diet, causes slow development and learning problems. All of these health problems remain unacceptably prevalent in a nation with the finest health care technology in the world.

Learning Disabilities

One in five American children between the ages of 3 and 17 is reported by parents to have had a developmental delay, learning disability, or behavioral problem during childhood.[66] Children from single-parent families are two to three times as likely to suffer these problems as children living with both parents. The differences are partly due to the stress of family conflict and disruption and the deprivations of living with only one parent.[67] Although often treatable, learning disabilities can impair normal develop-

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ment and academic achievement. Along with poor language development, poor control of impulses, and attention deficit disorder, learning disabilities are often related to prematurity and low birthweight. The risks are compounded if a baby with low birthweight is born into a family that is experiencing other hardships — for example, poverty, unemployment, social isolation, or a parent with drug, alcohol, or mental health problems.[68]

Children with learning disabilities are sometimes thought to be slow learners or to have behavior problems. They often get into trouble in school, have difficulty making friends and getting along with other children, and come to think of themselves as failures. They are frequently separated into special classes or held back. By the time they reach adolescence, they have little self-esteem, are often on the margins of their peer group, and are at high risk of dropping out of school. With proper health care and educational supports, many learning disabilities can be overcome or significantly diminished. Unfortunately, those children at greatest risk of having these problems are also the least likely to have access to supports and services that can reduce the risks of damaging long-term outcomes.

School Achievement

Parents are better educated in the 1990s than they were a generation ago, and many children, especially minority children, seem to have benefited. The proportion of elementary school students whose parents have completed high school increased dramatically, from 61 percent in 1970 to 78 percent in 1989; for black students during that time, the proportion nearly doubled, from 36 percent to 67 percent.[69] Better-educated parents typically have a greater appreciation for the importance of learning, and they are more involved in their children's schools and supportive of their children's educational needs.

Yet the overall performance of U.S. students on tests of reading, mathematics, science, and computer competence has not improved markedly over the past decade. U.S. students' test scores lag behind those of students in many other industrialized countries. Too many youngsters start school lacking the skills, habits, and attitudes necessary to be successful in kindergarten and first grade. Many experience failure early, and that failure leads to detachment. About 30 percent of ninth grade students do not graduate from high school four years later, and many fail to return and graduate. Approximately 500,000 young people drop out of school each year.[70] In the nation's large urban centers, attrition rates are even higher: as many as half of all students drop out. These young people will be only marginally literate and virtually unemployable.[71] The consequences of dropping out of school are not solely economic, however. Dropouts are 3.5 times as likely as high school graduates to be arrested, and six times as likely to become unmarried parents.[72]

In the past 13 years...I've seen alcohol and drugs maim, kill, and ruin children, families, and people that are close to them every single day. It really affects the whole concept of family.

— DAVE SULLIVAN
Principal,
De La Salle Education Center,
Kansas City, Missouri

Not surprisingly, poor and minority students from single-parent families and students with limited proficiency in English are at much greater risk of experiencing educational problems and early failure in school, and they are far more likely to drop out of school.[73] These educationally disadvantaged young people now account for as many as one-quarter of all American students — and the proportion is likely to continue to grow as the population of low-income and minority children, many of whom live only with their mothers in poor, troubled, inner-city neighborhoods, rises over the coming decade.

High-Risk Social Behaviors

While most young people make the transition from childhood to adulthood with little difficulty, one in four adolescents, approximately 7 million between the ages of 10 and 17, engages in social behaviors that can lead to serious, long-term problems.[74] The National Commission on Children believes that many more adolescents are vulnerable to becoming involved in these behaviors. School dropout, premature sexual activity, drug and alcohol use, and delinquent behavior during adolescence often have negative consequences for young people, for their families, and for their communities. They can jeopardize health and safety, limit hope and opportunity, and even lead to disability and death.

Every year, approximately 1 million teenage girls become pregnant; nearly half of them give birth.[75] Approximately half of these births are to young women who have not yet reached their 18th birthday, and most of them occur outside marriage. Until recently, births to adolescent girls had been declining. In 1986, however, the trend reversed, and births to girls age 15 to 17 increased for the first time in nearly two decades.[76] The proportion of teenage births that occur outside of marriage has increased steadily since the early 1970s.[77] Teenage mothers, especially those who have children before they turn 18, often fail to finish school, and they fare poorly in the job market. They are less likely to marry, and when they do, they are more likely to become separated or divorced. For these reasons they are more likely than girls who delay childbearing to be poor and dependent on welfare. Perhaps most tragically, the children of teenage mothers often repeat their parents' experiences and become teenage parents themselves. The cycle of poverty and hopelessness thus continues from one generation to the next: children of unmarried teenage mothers are four times as likely as children in other families to be poor, and they are likely to remain poor for a long time.[78]

Other types of adolescent risk taking increased rapidly between the mid-1960s and mid-1970s and have since leveled off or even declined somewhat. Yet more than half of all young people report that they have tried an illicit drug by the time they complete high school, and rates of crack cocaine use remain disturbingly high among some youths.[79] Young people who abuse drugs are very likely to drop out of school, to engage in premature and unprotected sexual activity, and to commit crimes. They are at very high risk of contracting sexually transmitted diseases, including AIDS, of experiencing accidents and injuries, and of ending up in jail. As one young man Commission members met who was serving time in a maximum-security prison put it, "Kids who do drugs are killing themselves slowly."

At a time when the adolescent population is declining, the number of young people serving time in prisons and youth detention facilities is increasing. Today, younger and younger children are committing more serious and violent crimes than in years past. Assaults, robberies, and murders have become commonplace on many city streets and even in schools. What is different today from a generation ago is the widespread availability of guns and drugs and a more pervasive climate of anger and hostility. Today, more teenage boys in the United States die of gunshot wounds than of all natural causes combined. Between 1984 and 1988, gunshot deaths increased by over 40 percent, rising 20 percent from 1987 to 1988 alone. Black teenage boys are 11 times as likely as white teenage boys to be shot to death.[80] The number of violent youth offenders has soared as gang activity, spurred by an aggressive drug trade, has increased nationwide.[81] Among these delinquent youth there is often a history of abuse or family violence, as well as failure in school, learning disabilities, and mental health problems. Many of these young men are likely to become career criminals, who will continue throughout their lives to exact a high toll from their victims and from all of society.[82]

Emotional Well-Being

There are many indications that the emotional well-being of American children has deteriorated over the past generation. An estimated 12 to 15 percent suffer mental disorders,[83] and approximately 10 percent of 3- to 17-year-olds have seen a psychologist or psychiatrist for treatment in the past year. This represents a rise of nearly 80 percent since 1981 in the proportion of children receiving psychological assistance annually.[84]

HILLSIDE
JOURNEY

Childhood psychiatric and behavioral disorders are often severe and may lead to lifelong impairments in social functioning, adaptation, and productivity, in addition to the personal suffering that they cause. The most frequent disorders include symptoms of disruptive behavior (such as attention deficit disorder, hyperactivity, and conduct disorder), but over 5 percent of all school-age children and adolescents suffer from depression and anxiety problems and serious difficulties in learning.[85] These children are not merely unhappy or difficult youngsters, but children and adolescents in need of specialized services whom parents, teachers, clinicians, and peers often agree are suffering from serious symptoms. Often, children with the most severe psychiatric disorders have more than one type of condition; for example, children with attention deficit hyperactivity disorder often have behavioral and conduct problems as well and become vulnerable to substance abuse later.[86] Yet as many as 70 percent of children and adolescents in need of treatment are not receiving services.[87]

One especially troubling indicator of emotional problems among American children is the suicide rate. During the 1960s and 1970s, the rate at which adolescents took their own lives doubled, from 3.6 to 7.2 deaths per 100,000, while the rate for adults remained steady. By 1986, it had

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increased another 30 percent, to 10.2 deaths per 100,000. Suicide is now the second leading cause of death among adolescents, after accidents. Unlike homicide, it is more common among white teens than black teens, and white adolescents are by far the highest-risk group, with a rate of 16 per 100,000.[88] While the number of adolescents and young adults who take their own lives is relatively small — approximately 5,000 in 1988 — there is disturbing evidence that eight times as many attempt suicide unsuccessfully.[89] Although research has yet to sort out all the relevant factors that lead young people to kill themselves, family and cultural factors clearly play a role. Abusive families with high levels of stress seem to put their children at greater risk of self-destructive behavior, and rates of suicide seem to be higher among young people who have lost both their parents through death or family breakdown.[90]

Families with Multiple Problems

Perhaps the most troubling aspect of family change over the past generation is the rapidly increasing number of children living in multiproblem families. Plagued by poverty, disorganization, and stress, these families often lack the emotional and material resources to meet their children's basic needs, and they lack access to outside help to make up the difference. Children in multiproblem families begin to accumulate liabilities before they are born, when their mothers cannot or do not care for themselves and do not receive appropriate prenatal care and monitoring. After birth, these children's health needs are often ignored or inadequately addressed. Because they are typically young, unmarried, and economically disadvantaged, the parents of these children are often socially isolated, impaired, and helpless to cope with the conditions of their lives. They lack knowledge, skills, and emotional energy to provide the consistent care and attention, structure, and learning experiences that prepare children for school and for life. They and their children are frequently more vulnerable to stress: they experience more of it, and yet they have fewer means of protecting themselves against its destructive effects. Many children in these families experience failure from the earliest stages of life and come to believe they are meant to fail. Because they perceive that the future holds so little possibility for them, they are convinced they have little to lose by dropping out of school, using drugs, committing violent crimes, or having babies at a young age.[91]

A lot of our teen mothers have terrible problems living in the projects. The drug problems. The gang problems. The economic problems. School issues. But these girls have a lot of potential. And their babies, they do love their babies, and that is where the changes have to come.

— MAUREEN HALLAGAN
Marillac House/Project Hope,
Chicago, Illinois

There is no single cause or circumstance that puts these children at risk. It is the combination of factors that stacks the deck against them. In families experiencing multiple problems and stresses, the risks multiply and the chances of positive long-term outcomes are dramatically reduced. Without outside support, children in these families are very likely to fail to fulfill the dreams and expectations that their parents and society hold for them.

Conclusion

Many of the profound changes in American family life and society over the past generation are not likely to be reversed in the near future. Although specific patterns of marriage, fertility, and mothers' employment are difficult to project (as are macroeconomic conditions), many demographers and economists who have studied these trends conclude that they will continue into the next decade, even into the next century.[92]

Americans have not had an easy time comprehending these changes or deciding how to adapt to them. Public and private sector policies and programs, community institutions, and families themselves have been slow to respond — and too often children have paid the price. Substantial evidence suggests that the quality of life for many of America's children has declined.[93] As the nation looks ahead to the twenty-first century, the fundamental challenge facing us is how to fashion responses that support and strengthen families as the once and future domain for raising children.

Every child born into the world
is a new thought of God, an
ever-fresh and radiant possibility.

— KATE DOUGLAS WIGGIN
Author

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CHAPTER THREE

Child Development: Opportunities and Vulnerabilities

The essential ingredients for developing competence and character cut across culture, nationality, and class.[1] All children need loving parents who provide safe, secure homes and encourage their development. They must be fed, sheltered, and protected from harm. Their basic health and nutritional needs must be met, as must those of their mothers during pregnancy. Very early, children must learn to trust others. They must possess a secure and positive sense of their own identity and their place in the world, and they must acquire moral values and standards that enable them to live in harmony with their families and the larger community. They need to become socially competent, and they must learn to be literate, thinking individuals who can solve problems and communicate with one another.[2]

Development is not entirely predetermined at birth; every child has the potential to become many different individuals. Whether a child flourishes and achieves her or his full potential or falters and fails depends both on biological characteristics and outside influences. The person that each child becomes largely reflects the unique and complex interaction between his or her natural endowments and childhood experiences.[3]

Development is more than physical growth. It is the process through which children mature socially, emotionally, intellectually, and morally: they learn right from wrong, and they acquire critical knowledge and skills. Development depends upon trusting and loving relationships, the first and most fundamental of which is between children and their parents. For a child to develop normally, according to developmental psychologist Urie Bronfenbrenner, "somebody has to be irrationally crazy about that kid".[4] The enduring support that comes from strong, mutual, emotional bonds between parents and their children is the foundation for all subsequent development and human relationships.

Strong, mutual attachments are most readily formed in families where all members — parents, siblings, grandparents, and other extended family — support and encourage the formation of values and interactions between parents and children. They are enhanced when two parents share responsibility for childrearing and when they support and express affection for one another.[5] In single-parent families, children are less likely to experience developmental problems or delays if their parent receives strong support from other adult family members living in the home or nearby.

Families are the settings where most children's basic needs are met and where they learn fundamental lessons about personal relationships, life skills, and moral conduct. Experiences that take place within families are not merely a "pleasant prelude" to formal schooling and the outside world, but a powerful prerequisite for success in later life.[6] Families are the basic training ground where children develop the capacity to function responsibly and creatively as adults in the domains of work, family life, and citizenship.[7]

But families do not exist in isolation. Children's development is shaped by many other influences present in their homes, schools, neighborhoods, and cultures as well.[8] It is the reciprocal interactions among these factors, together with a child's own inherited characteristics, that determine development.

Throughout childhood, there are opportunities to enhance the likelihood that children will grow and develop into capable and caring adults. There are also vulnerabilities, some biological and some environmental, that threaten children's development. The challenge for parents and for society is to overcome the risks that jeopardize many children's futures by building on the strengths and protections that naturally exist within their families and communities and by providing outside support where they do not exist.

It's interesting, we keep looking for some magic period to help children. Some experts say it's the prenatal period. Other people say no, it's the first year of life...Those who started Head Start said it was a couple years before school. Others say adolescence. I think we have to quit looking for the magic period. The life of the child is continuous. He moves from one period or stage to the next.

— ANDREW COLLINS, Ph.D.
Professor of Child Psychology,
University of Minnesota,
Minneapolis, Minnesota

The Developmental Process

Child development is a cumulative process, beginning before birth and continuing into adulthood. Each stage of development builds on the achievements of the previous one. Throughout this process, children need to accomplish specific tasks and reach appropriate milestones. Missed opportunities are difficult to recapture later, and unresolved problems at one stage will likely manifest themselves again in a later stage. Each developmental period, therefore, presents parents and the important people and institutions in a child's life with opportunities to support that child's growth and development.[9]

The Prenatal Period

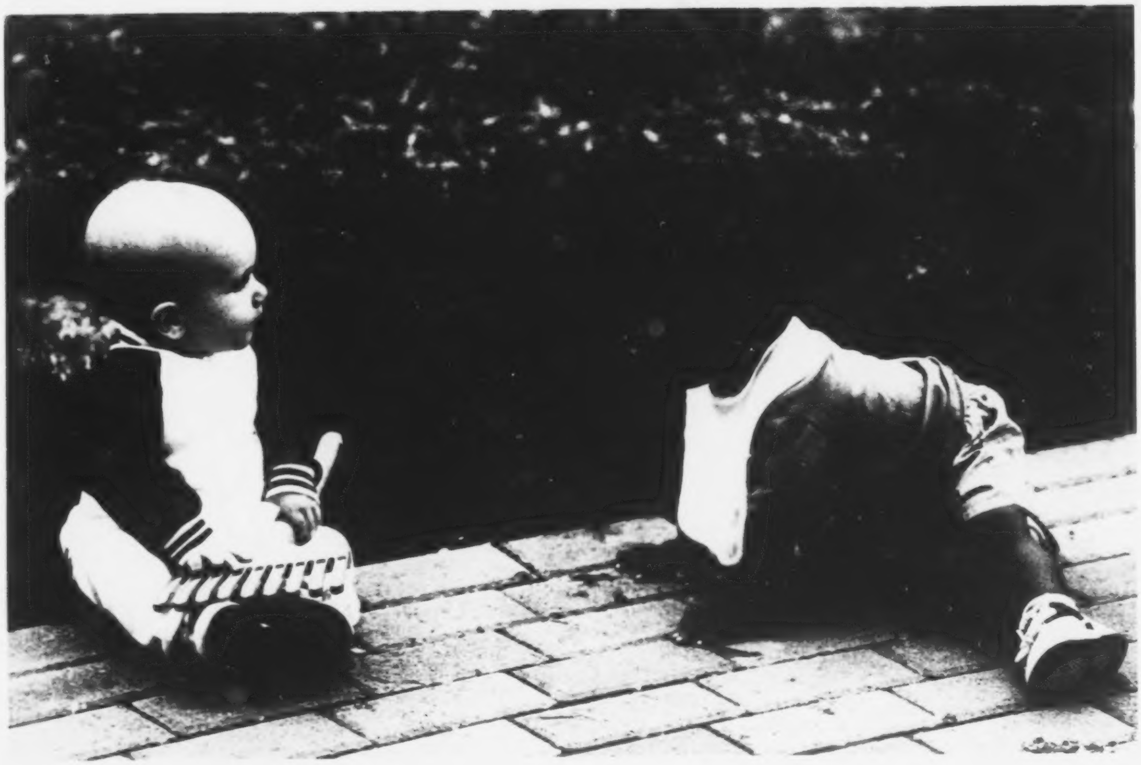
Much of a child's basic neurological as well as physical development occurs in utero.[10] Although the human brain continues to grow at a rapid rate during the two years following birth, important aspects of neural development take place many months before a child is born. When brain development is disrupted by substance abuse or illness, a child's intellectual abilities are compromised and he or she is more vulnerable to mental disorders.[11] Parents' own physical health and vitality, their attitudes about family formation, and their preparation for pregnancy and parenthood all significantly influence prenatal development, birth outcomes, and the subsequent course of their child's growth and development. Regardless of race, mother's age, and social class, children are more likely to be born healthy and to thrive when their parents plan and prepare for pregnancy. When pregnancies are too closely spaced and when they are unwanted, the risk of low birthweight and other maternal and infant health problems is dramatically increased.[12] During pregnancy, parents play a critical role in promoting their children's health and development. Lifestyle and behavioral choices by expectant mothers can have direct and lifelong consequences for their children. Babies are much more likely to be born healthy when pregnant women receive proper nutrition, avoid smoking, drinking, and drug use, and obtain early and regular prenatal care.

Smoking can impair fetal growth and later learning. Infants born to mothers who smoke regularly during their pregnancies are at greater risk of low birthweight, prematurity, lung disorders, and sudden infant death syndrome in the newborn period.[13] Children of smokers are often slower to accomplish basic developmental tasks in infancy (sucking, head turning, and eye contact), may have poorer reading skills when they reach school age, and frequently are hyperactive.[14] Intellectual abilities, as measured by IQ, grade placement, perceptual motor abilities, and language skills, may also be significantly lower for these children.[15]

Babies born to mothers who consume alcohol on a regular basis are at heightened risk of lifelong disability. Drinking during pregnancy contributes directly to fetal alcohol syndrome, a cluster of congenital conditions that can have devastating effects on brain development and the nervous system.[16] Children of alcoholics often suffer deformities, poor motor development, and long-term intellectual impairment. They also commonly have behavioral problems that make them demanding and difficult to care for.[17]

Similarly, children exposed in utero to drugs often suffer an array of early health problems, including low birthweight, prematurity, neurological impairment, congenital anomaly, drug dependency, and HIV infection, that lead to chronic illness and long-term disability. As babies, they are typically irritable and slow to be comforted. They may not eat or sleep well, making them difficult to care for. By school age, these children often have difficulty controlling their behavior, they may be aggressive toward other children, and they frequently have short attention spans and learning disabilities.[18]

Although we know a great deal about the devastating effects of substance use during pregnancy, a significant number of children are born each year to mothers who do not protect themselves and their unborn babies from these biological risks. Similarly, we know that prenatal care which begins early (even before conception) and continues throughout pregnancy eliminates or alleviates many poor birth outcomes. Yet many women cannot or do not receive timely and appropriate prenatal care. As a result, they are at substantially greater risk of delivering a low-birthweight



baby than are those who receive appropriate care.[19] Low birthweight, in turn, is a direct corollary of infant death and sickness, retardation and developmental delays, chronic illness, and other disabling conditions.

The First Three Years of Life

From the earliest moments of life, infants are learning, growing, and reacting. At birth, healthy babies have well-organized reflexes, and their senses of hearing, sight, taste, and smell are well developed.[20] They can, for example, discriminate between sounds of different intensity, duration, and pitch. They are particularly responsive to human voices and can distinguish their mothers' voices from others when they are only two days old. Infants are also sensitive to changes in brightness and movement, and they can differentiate between colors and patterns and follow moving objects with their eyes.[21]

The first three years of life are a time of extraordinary and unparalleled physical, intellectual, linguistic, social, and emotional development. Children attain half their physical height in the first two and a half years of life, and their brain development is even greater. This is the time when children acquire basic motor skills — reaching, grasping, crawling, and

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walking — which enable them to explore their environment. They also reach important milestones of intellectual development — learning that hidden objects still exist even though they are out of sight, realizing that turning a key on the back of a toy soldier will make it walk, and engaging in symbolic play, such as giving a doll a drink from a toy cup. Similarly, young children's communication skills also develop rapidly, beginning with very early social exchanges in response to speech sounds and rhythms and later becoming spoken words, phrases, and sentences.[22]

Children's social and emotional development are also rapid during these early years. In the first few months of life, infants begin to develop strong attachments to important caregivers[a], particularly their parents. These attachments are based on a mutual and irrational commitment between parents and children, and they provide children a fundamental sense of internal security. Regardless of the circumstances and realities, most parents regard their children as special — especially wonderful and precious. For most children, parents are equally special — individuals to whom they turn readily when experiencing trouble or joy and whose comings and goings are central to their every experience and sense of well-being.[23]

Secure attachments do not develop instantaneously. They require the consistent availability of one or more adults who are affectionate and responsive to a child's physical and emotional needs. After a baby is born, most families require several months of adjustment, when parents strive to understand their infant's needs. For some parents and children these mutual bonds develop more quickly and easily than for others. An alert baby who reacts readily to parents' faces and voices and who responds quickly to consoling encourages parents' positive feelings and sense of competence. Less responsive babies or those who are irritable and difficult to comfort may disappoint parents at the beginning and cause them to feel less capable.[24]

The quality of parent-child attachments has important implications for development. When children are securely attached, they feel more comfortable and confident exploring the world around them. They are able to master their environment and form positive relationships with other children and unrelated adults. When parents respond to their needs, children develop a sense of efficacy. They come to feel that their actions bring results.[25]

When parents do not respond warmly, consistently, and reassuringly to their children's physical and emotional needs, children often fail to develop strong, secure attachments. They have feelings of helplessness that limit their exploration and experimentation. They often appear uninterested in their surroundings.[26] Parents who suffer from illness, psychological problems, drug abuse, or other stresses may be unable to respond appropriately to their babies. In the absence of strong attachments, many of these children will experience later intellectual deficiencies, social problems, and emotional difficulties.

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[a] Parents are most children's primary caregivers. For some children, care by parents is supplemented with care by older siblings, grandparents, and other extended family members, as well as by paid providers within or outside the child's home.

The first years of life are a period of great vulnerability and opportunity. Infants and toddlers are wholly dependent on their parents (and other caregivers when parents are unavailable) to meet their basic needs. Without adequate nutrition and nurturing to fuel their rapid development, many children suffer delayed or stunted growth, impaired intellectual development, unresponsiveness, and low resistance to infection. Without preventive health care, including immunizations, they are susceptible to diseases and disabilities. In unsafe and dilapidated home environments they may be exposed to lead, which can severely impair neurological development and later intellectual ability. Moreover, children are more vulnerable to physical injury and social and emotional deprivation during this period than at any other time in childhood.[27]

On the other hand, children's earliest experiences can provide the foundation for sound physical health, intellectual achievement, and social and emotional well-being in later years. Young children whose parents and other caregivers provide stable, responsive care, interact and play with them in developmentally appropriate ways, and encourage them to explore their environments are likely to develop feelings of trust, empathy, curiosity, and confidence that are essential to later learning and social development.[28]

Early Childhood

Armed with the necessary skills to explore their environment and motivated by curiosity, most children are well prepared for more organized and structured learning experiences in the early childhood years. Between the ages of three and six, development continues to proceed rapidly, and preschoolers gain more sophisticated physical, intellectual, social, and communicative capabilities.

During this period, young children's ability to process information improves markedly, as does their ability to organize their thoughts and actions to solve problems and complete tasks. As they develop the ability to think symbolically, preschoolers' language skills also advance, and they increasingly engage in imaginative play. Moreover, they begin to test the limits of their individual freedom and to learn responsibility toward others through sharing toys, contributing to group activities, and working out differences with peers. Just as infants and toddlers do, children between the ages of three and six require secure attachments to loving parents and other care-

"Very few people think about development and the need to socialize children...to socialize them from a very early period and to extend it from early childhood all the way to maturity.

— JAMES COMER, M.D.
Professor of Child Psychiatry,
Yale University,
New Haven, Connecticut

givers who are consistent, warm, responsive, and stimulating. During this period children need to feel emotionally secure and know they can count on the important adults in their lives. With this basic sense of trust and confidence, they begin to develop greater independence, for example, getting dressed without help or going to a friend's house to play unaccompanied by a parent. They increasingly set high expectations for their own achievement.[29]

Out-of-home group experiences have become increasingly common for preschool children, regardless of whether their mothers are employed. For many children, these include part-day play groups, nursery schools, and Head Start programs. For others, they include full-day care in child care centers or family day care homes. Child development research indicates that high-quality early childhood programs and parenting education can improve the development of young children who are at risk of early failure in school due to economic disadvantage and unstable, disorganized, and stressful homes. But the positive effects of early childhood programs depend on program quality, and the quality of children's experiences varies widely.[30]

Young children learn best by doing; consequently, they need opportunities to explore and interact with their environments.[31] Learning is most successful when developmentally appropriate activities are combined with unstructured play, when intellectual and social development are emphasized

equally, and when there are plenty of opportunities for one-to-one interactions with adults who can guide and stimulate their inquisitiveness.[32]

Development during the early childhood years has important implications for children's later success in school. Young children whose needs for affection, basic health care, adequate nutrition, safe environments, and intellectual and social stimulation are met during this period are more likely to develop the skills, habits, and attitudes necessary to succeed in school. In contrast, preschoolers who are at risk due to poor health, unsafe environments, or inadequate or inappropriate developmental stimulation are likely to experience a variety of short-

and long-term problems, including extreme behaviors such as hyperactivity or withdrawal, inattentiveness in the classroom, and difficulty getting along with classmates. These children often experience early academic failure and get into trouble with teachers. They may have difficulty deferring gratification, and as time goes on they may become involved with socially alienated peers. Too often, their impaired academic achievement, misbehavior in school, and absenteeism lead to dropping out.[33] Children who are not prepared for academic learning and who experience problems early in their school careers often disrupt an entire classroom, making it difficult for their classmates to learn and succeed as well.

Middle Childhood

The middle childhood period, once thought to be relatively unimportant compared to early childhood and adolescence, is now recognized as a time of significant intellectual, social, emotional, and moral growth. Between the ages of 6 and 12, children develop more logical and sophisticated thinking, problem-solving, and communication skills. They become less self-centered and more interested in forming and maintaining friendships with other children. They further develop the ability to empathize and take another person's perspective, and they are increasingly sensitive to other people's views. Their widening social contacts and experiences provide them with opportunities to compare themselves to others, and they begin to establish their own identity and to develop their own ways of presenting themselves and relating to others.[34]

During middle childhood, children acquire a greater capacity for self-control and exhibit more independence. They begin to internalize moral rules of behavior; they show signs of having a conscience and feel guilt when they disappoint or adversely affect others.[35] They also develop personal attitudes and behaviors that can significantly influence their later health and well-being.[36] Although the rate of physical growth is not as rapid in middle childhood as in early childhood, it is during this period that many children enter puberty.

Children's worlds expand beyond their families during this period, as they participate actively in school, neighborhood, and the larger community.[37] Parents remain their first and most important teachers, yet parents' interactions with children tend to decline markedly in the middle childhood years. While the amount of time that parents spend with children does not necessarily indicate the quality of their relationships, one study reports that parents spend less than half as much time in caregiving, teaching, reading, talking, and playing with school-age children as they do with younger children.[38]

School experiences are especially important. In school, children acquire basic reading, writing, and mathematics skills, they interact with classmates, and they learn how to be responsible members of a group, with adult guidance. Success or failure in school and relationships with peers influence children's attitudes toward education and learning, as well as how they view themselves.[39]

The media, particularly television, also become a major, and often unmonitored, source of children's knowledge about social roles, attitudes, and behaviors, as well as of other lifestyles, value systems, and cultures.[40] For most children between the ages of 6 and 12, television viewing constitutes the largest single portion of free time on a typical weekday.[41] School-age children watch television an average of three to four hours per day, more than preschoolers or adolescents.[42] For better or worse, TV heroes become role models for many children, and fictional plots become the social scripts that shape their view of the world and their relationships with other children and adults.

Adolescence

Adolescence marks the critical passage from childhood to adulthood. During the teenage years, young people begin to separate from their families, align themselves with peers, make decisions on their own, develop intimate relationships, and experience feelings of sexuality.[43] As young people learn to connect future consequences with present actions, most experiment with behaviors they believe are part of adult life.[44] As they strive to become grown-ups, many feel they are invincible or immune from harm. Feelings of invulnerability and a propensity for risk taking (in moderation) are healthy and normal for most adolescents. Yet without consistent and caring adult guidance and monitoring, some young people are vulnerable to excessive behavior and mistakes that can harm their own health and development, their families, and their communities.[45]

Adolescence is also marked by a desire for competence and achievement. Young people naturally seek ways to establish their own identities, often through strong commitments to others, to ideas and social causes, and to work or desired vocations.[46] They need positive adult role models and adult guidance and encouragement. They also need opportunities to achieve and excel — in school, in extracurricular activities, in their homes and commu-

nities, and in employment and training. Without positive relationships with caring adults and opportunities for constructive, enjoyable, and fulfilling activities, many adolescents are vulnerable to more negative influences.[47]

Young people rely less on their parents for information and protection as they get older. Nevertheless, throughout adolescence most teenagers continue to seek their parents' guidance on matters related to moral and social values, vocational choices, and educational plans. The nature of parents' interactions with adolescents, the extent of parental monitoring, and the way decisions affecting teenagers are made within families have enormous impact on adolescents' attitudes and behaviors as well as on their performance in

school. Adolescents are more likely to succeed in school and avoid delinquent or deviant behavior, to act more responsibly, and to have higher self-esteem when their parents are warm and accepting, establish and maintain clear rules and standards of behavior, and are willing to discuss or negotiate family rules and their enforcement. When parents are overly permissive and willing to grant adolescents too much autonomy, they are more likely to perform poorly in school and to become involved in high-risk behaviors. Conversely, when parents fail to temper strictness with warmth and a willingness to discuss and negotiate rules, their adolescents are more likely to have lower self-esteen and lower levels of school performance.[48]

One in four adolescents, approximately 7 million young people between the ages of 10 and 17, is in jeopardy of serious, long-term consequences stemming from risk taking behavior.[49] More often than not, these young people tend to be isolated from their families, schools, and communities. They have dropped out of school or are behind grade level; they have been arrested or have committed delinquent offenses; they use drugs and alcohol and some suffer addiction; they engage in early, unprotected sexual

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activity, and some have already experienced pregnancies or contracted sexually transmitted diseases. Most are engaged in several of these high-risk behaviors that threaten their health and development.[50]

These behaviors and the problems that often result from them are generally studied separately, and social programs to prevent and remedy them are frequently unrelated to one another. Yet in real life they interact and reinforce one another. While some teenagers who have babies, leave school, and commit crimes will ultimately become responsible and productive adults, many will not. They will lack skills and jobs; they will fail to form strong, stable families; and they will become part of the long-term welfare population. Without some means of overcoming disadvantage, many will be helpless, homeless, and hungry, part of a continuing cycle of misery and despair that wastes young lives.[51]

Risk and Protective Factors Affecting Children's Development

Best scientific knowledge, based on years of research and programmatic experience, confirms what many people consider self-evident: there are clearly identified factors that encourage and support healthy development and equally clear factors that place children at immediate or long-term risk. Over the past 20 years, scientific knowledge about how vulnerability and resiliency in childhood are related to adult outcomes has expanded rapidly. Studies show that no single risk factor in a child's life leads irrevocably to adverse outcomes. They also show that a chain of protective factors, linked across time, can afford vulnerable children and teenagers an escape from adversity and help them become successful adults.[52]

Risk Factors

Many of the antecedents of adult failure are well known. Research has clearly identified them as poverty, a disrupted or unstable family, lack of social supports from extended family, neighbors, and community institutions, and biological problems and conditions. As discussed in the previous chapter, profound changes in American society over the past generation have caused poverty, single parenthood, and social isolation to be more prevalent today than they were 20 years ago. Despite advances in health science and technology in recent years, biological problems and conditions, including neurological and physiological impairments present at birth or developed in childhood, remain disturbingly common.

Although none of these factors alone inevitably produces poor developmental outcomes, an accumulation of risk factors (which include both biological vulnerabilities and persistent, adverse environments) increases the odds that children will fail to reach their full potential. Therefore, a poor child who grows up in a stable and supportive environment is not doomed to live in poverty for the rest of his or her life. A child with early biological problems (for example, low birthweight and prematurity, or even resulting neurological damage) and no other risk factors may well emerge from childhood unharmed. Yet when health problems occur together with socioeconomic disadvantage and family instability, and when there are few outside supports to make up for them, children are much more vulnerable to an array of problems that can jeopardize their futures, including failure in school, adolescent pregnancy and childbearing, and criminal behavior. Study after study shows that it is the presence of multiple and interacting risk factors that leads to harmful outcomes.[53] Lasting damage is most likely to occur when children's constitutional vulnerabilities come together with an adverse environment and multiply the destructive effects.[54]

Poverty clearly is the greatest risk factor in the life of young children. It's a risk factor because of the associated stresses around meeting the basic needs of survival — food, housing, clothing. There needs to be something left over after you take care of those to meet a child's other needs.

— JACK SHONKOFF, M.D.
Chief of the Division of Developmental and Behavioral Pediatrics, University of Massachusetts Medical School, Worcester, Massachusetts

Protective Factors

Emerging scientific knowledge also gives us great hope for overcoming the risks that threaten so many children. Studies of populations in very different parts of the world — residents of the Pacific Island of Kauai, World War II survivors in Europe, children in war-torn Mozambique, and ghetto children in this country's inner cities — document a number of protective factors within individuals and from outside sources that can help many vulnerable children avert long-term harm and dysfunction.[55] Based on a longitudinal study of children in Kauai — many of whom were at high risk because of poverty, family disruption, and parents who were ill or absent — Werner highlights five clusters of protective factors that contributed to positive outcomes when these children became young adults.[56]

Temperamental Characteristics. Children with positive and outgoing dispositions were able to elicit positive and responsive support from a variety of caring persons within and outside their families, including parents, teachers, mentors, friends, and (later) spouses. Thus, for example, active, sociable babies with no difficult sleeping and feeding habits tended to elicit more positive responses from their mothers and caregivers. These beneficial early interactions with parents and caregivers were, in turn, associated with greater autonomy and social maturity during early childhood and higher academic achievement when they reached school age. Throughout childhood, their good natures and pleasing personalities helped these children develop a wider network of caring adults both within and outside their families who buffered them from the adversity in their lives.[57]

Skills and Values. Children with a strong sense of self-esteem and self-efficacy were better able to make the most of the talents and abilities they had. Thus, among the high-risk children of Kauai, reading skills by age 10 were positively linked with special help from teachers, peers, and family in their teenage years. Children who were doing well in school during middle childhood felt more confident of their ability to overcome the circumstances of their lives and be successful later on. In turn, the adults in their lives were more likely to invest their own energies in helping these children succeed by encouraging them to develop and follow through on realistic educational and vocational plans.[58]

Self-esteem is not solely the product of academic competence, however. Many of the most resilient children in the Kauai sample were not unusually bright or talented, but they took great pleasure in interests and hobbies, including sports, art, or other activities that brought them solace when things fell apart in their home lives. Self-esteem also flourished when these youngsters took on responsibility commensurate with their ability — whether it was part-time paid work, managing the household when a parent was absent or incapacitated, or, most often, caring for younger brothers and sisters. Moreover, at some point in their childhood, usually during the middle childhood years or in adolescence, the high-risk children who grew into resilient adults had experiences in which they were required to help others in their family, neighborhood, or community who were experiencing distress or difficulty. This "required helpfulness" provided them an opportunity to develop empathy for others and to understand their own capacity for improving the lives of those around them.[59]

My family has always pushed me. My whole family. Everyone in my family.

— CYRIL GUERRO
High School Student,
Roxbury, Massachusetts

Characteristics and Caregiving Styles of Parents. Parents who were stable and sensitive caregivers and who were able to create a sense of structure and order in their homes were able to foster self-esteem in their children and buffer them from many of the stresses in their lives. Those with at least a high school education were better able to sustain the kinds of interactions that are associated with strong, secure attachments in infancy and during the very early years of life. They were also able to provide more emotional support to their children during middle childhood, even when the family was living in poverty or experiencing other adversity. Better-educated parents had children with better problem-solving and reading skills. They also had healthier children with fewer disabilities and handicapping conditions that impeded their progress in school or their ability to participate in the lives of their families and communities.[60]

Supportive Adults. Adults who foster trust and act as gatekeepers for the future can make the critical difference between whether children thrive and succeed or whether they falter and fail. When parents were absent or incapacitated and therefore unable to provide close and nurturing relationships, many high-risk children in Kauai who became successful adults developed "surrogate" parents. By spending time with caring adults outside their family circle, these children were able to detach themselves to some extent from the problems in their homes. Grandparents, older mentors, youth leaders, teachers, and members of their religious communities who accepted these children unconditionally, regardless of their temperamental idiosyncracies, physical attractiveness, or intelligence, effectively buffered them from the stresses and disorder of their own families.[61]

Opportunities and Hope. Perhaps the most potent force for change in the lives of many of the high-risk children of Kauai was having a "second chance". It was not only the early events in these children's lives, but also the opportunities that opened up for them later which provided paths out of the adversity that characterized their early years.[62]

Among the pathways out of poverty and despair in later life were education at community colleges, educational and vocational skills acquired in the military, and active involvement in a church or religious community. Some of these same pathways have also been traced for black teenage mothers in

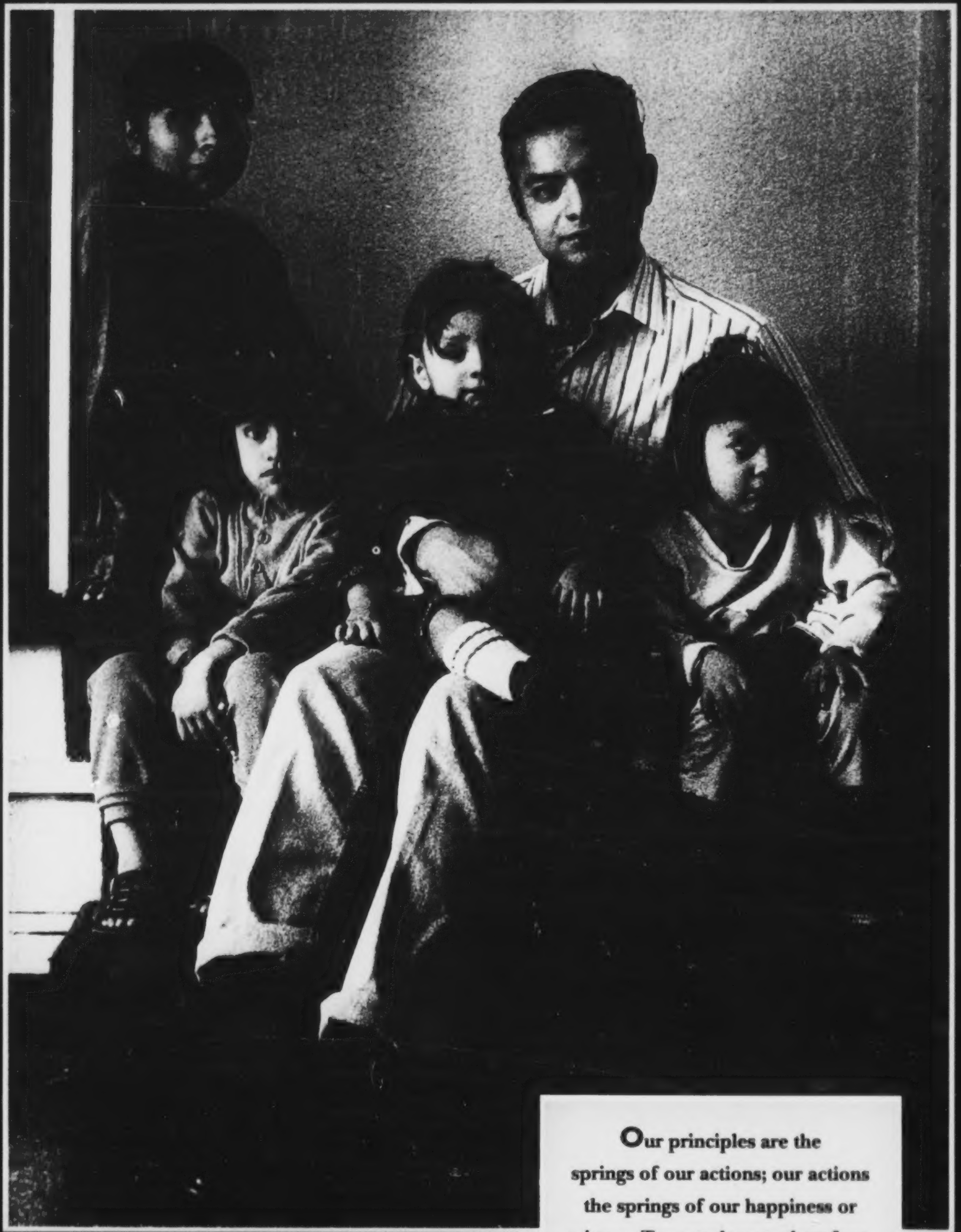
Baltimore and white youth of the Great Depression.[63] Attending community colleges and enlisting in the armed services provided these young people an opportunity to gain knowledge and skills and enabled them to move out of poverty and into skilled trades and a middle-class life. Involvement in church activities and a strong faith gave meaning to the adult lives of many who were troubled youth. Regardless of their religious affiliation, resilient individuals used their faith to form and maintain a positive vision of what their lives could become.[64]

According to Werner, the central component in the lives of the resilient children that contributed to their success was a strong confidence that the odds stacked against them could be surmounted. Some developed this hopefulness in their early lives through their relationships with caring and concerned adults. Others developed it as they made the transition to adulthood. In all cases, however, it was because of the people and institutions in their lives that provided hope and opportunities that these children overcame difficult circumstances and became successful adults.[65]

Conclusion

Development is a cumulative process of growth and change that begins before birth and continues into adulthood. Through the complex interaction of biological characteristics and experience, children become adults. At each stage of development there are opportunities to improve the chances that children will grow into healthy, literate, secure, and productive adults and there are vulnerabilities that, left unaddressed, will almost surely have lasting negative effects. As researchers from different disciplines and parts of the world have learned, there are many avenues for overcoming the risks that threaten children's development. Reducing the likelihood of biological impairment, which is often the result of problems in pregnancy and poor birth outcomes, will make a substantial difference, as will helping disadvantaged, isolated, and highly stressed parents manage their daily lives and learn how to nurture and care for their children. Taking steps to ensure that young children come to school ready to learn and that they and their families have access to quality schooling, health care, and social services will further improve the life chances of many vulnerable children. Creating a social context in which all children have meaningful opportunities and can develop a sense of hope for their futures is perhaps most essential of all. Toward this end, our first priority as a nation must be to rebuild the American family.

The challenge is not simply to reduce the risk factors that threaten children's futures, but to overcome them by identifying and building on the protective factors that exist naturally in children's environments and by providing support where they do not exist. Because children, parents, families, and communities differ, some children will inevitably need more help and more intensive help than others. Among them are the increasing number of preterm babies whose lives were saved by neonatal intensive care; children whose parents suffer severe mental health problems and drug and alcohol abuse; children growing up in families with only one parent, especially when that parent is young, poor, and socially isolated; and children who have disabilities and behavioral problems that make it difficult for them to relate to others and to perform in school. The lessons learned from the vulnerable children of Kauai, now grown to adulthood, teach us that competence, confidence, and caring can flourish even under adversity, if children develop secure bonds with caring adults, if their basic needs are met, and if they have opportunities to develop essential knowledge, skills, and values.[66] They also teach us that although missed opportunities early in life are more difficult to recapture, it is never too late to try.



Our principles are the springs of our actions; our actions the springs of our happiness or misery. Too much care, therefore, cannot be taken in forming our principles.

— PHILIP SKELTON
Theologian

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CHAPTER FOUR

Taking A Stand: Principles for Action

The United States does not have a coherent national policy for children and families. Historically, Americans have regarded the care and rearing of children as a private matter, not a public responsibility. Government involvement in family life has consistently provoked debate and controversy, except in cases where parents were clearly unable or unwilling to care for their children themselves. As a result, many Americans are uncertain about what role, if any, government and other social institutions outside the family should play in fostering children's health and development and in helping parents manage their childrearing responsibilities. Significant philosophical differences emerge in any discussion about the nature and desirability of policies for children and families. These debates too often pit private interests against public ones, one kind of family against another, the interests of children against those of adults, and the roles of men against those of women.

Even among proponents there is little agreement on what the objectives of national policies for children and families should be.[1] Some see their essential purpose as helping poor children overcome adversity. Others see them as a means of redistributing income — from the elderly to the young, from single persons and childless couples to families with children, or from the affluent to the poor. For some, they are a way to expand the welfare system; for others, a way to eliminate it. Some want national policies to give women greater freedom to choose their roles, while others want to reaffirm women's traditional role as homemaker. Still others want to encourage fathers to play a more active role in caring for their children and to hold them responsible for child support when they leave home.

At least one scholar has argued that crafting a national family policy would be futile.[2] Yet in recent years many policymakers and analysts — including those who traditionally approach these matters from different intellectual and political perspectives — have called for a new and more systematic approach to supporting the nation's children and families. Americans from all walks of life are worried about children and about parents' ability to bring them up in today's world. On both sides of the political aisle and in communities nationwide, the National Commission on Children has seen a growing commitment to addressing children's needs in the context of strong, stable families.

Continued failure to embrace a national ethos that supports children and values their families is short-sighted, self-destructive, and morally defeating. It will impoverish this nation culturally, politically, and economically. And it will jeopardize the well-being of millions of American children. Accordingly, the Commission urges the nation to begin today — through individual actions, private sector decisions, and public sector reforms — to rekindle a commitment to strong families and supportive communities for children.

The best thing we can do is to bury the hatchet for a while, be a little less partisan about things, and be just a little less inclined to use every issue as an opportunity to advance ourselves personally. Let's put kids first, and let's find some way to be very old-fashioned about it, to simply advocate certain things and to work against certain things.

— TED WARD, Ph.D.
Aldeen Professor of Christian Education and Missions,
Trinity Evangelical Divinity School,
Deerfield, Illinois

Guiding Principles for Action

In the remaining chapters of this report, the Commission proposes a policy agenda that flows from a set of guiding principles concerning children's basic needs, parents' roles and responsibilities, and society's obligations. These principles were a matter of lengthy debate. Because we approach issues concerning the well-being of children and families from different political and professional perspectives and with different value systems and beliefs, we made a special effort to clarify these principles for ourselves and for others who will build upon our work. Too often in the past, failure to articulate values has conveyed mixed messages to young people, parents, and institutions outside the family. It has resulted in practices that harm

children and weaken their families. And it has limited the nation's ability to assess how well its policies and programs are working to improve the lives of children, strengthen families, and uphold the common goals and norms of American society.

Accordingly, we set out in this chapter the principles that form the foundation for our specific proposals for public and private sector policy and program development.

Every American child should have the opportunity to develop to his or her full potential.

In childhood, individuals learn the art of living. Child development is a cumulative process of physical, social, emotional, intellectual, and moral growth that begins before birth and continues into adulthood. Through a sequence of "progressively more complex, reciprocal interactions",[3] children develop the capacity to explore, understand, and influence their world. They develop competence and character through trusting personal

relationships, first with their parents and later with siblings, other adults, and peers. These critical and enduring bonds enable them to spread their wings and fly as well as to take root and become socially responsible members of society.[4]

For children to develop fully, their fundamental needs must be met: care and attention from loving parents and caregivers, an adequate family income, good nutrition and basic health care, a quality education, adequate housing, and a safe neighborhood. When these essential needs are not fulfilled, children are denied a solid foundation for achieving their potential. Children who experience poverty, discrimination, neglect, or abuse often fail to receive the care and nurturing that support healthy development. When we deprive children of their health and safety and of the opportunity to acquire critical knowledge and skills, cultivate values, and nurture bold aspirations, we jeopardize their futures and society's as well. There is, we believe, no greater injustice.

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Parents bear primary responsibility for meeting their children's physical, emotional, and intellectual needs and for providing moral guidance and direction. It is in society's best interests to support parents in their childrearing roles, to enable them to fulfill their obligations, and to hold them responsible for the care and support of their children.

To develop as human beings, children need love, attention, understanding, and support from adults. Children need adults who will unfailingly be available and committed to them, not because they are paid to do so, but because they love them.[5] Parents are the adults best suited and most willing to assume this role, and they are the greatest experts on their own children. They are their children's first and most important caregivers, teachers, and providers. Parents are irreplaceable, and they should be respected and applauded by all parts of society for the work they do.

Parents are the key to the healthy growth and development of children.

— JACK SHONKOFF, M.D.
Chief of the Division of Developmental and Behavioral Pediatrics, University of Massachusetts Medical School, Worcester, Massachusetts

Parenthood is deeply rewarding, but it is also a serious responsibility that should not be entered into lightly or casually.[6] Those who bear children must be prepared to support them and care for them until they reach adulthood. But parents do not stand alone. They do not deserve all the praise or all the blame for their personal circumstances and what becomes of their children. Most families are more vulnerable to external pressures — social, economic, and technological — today than in the past. As a result, too many parents have too little control over factors that directly and indirectly affect their children's health and well-being. We believe that when parents have the ability and the means to raise their children, almost all will do so responsibly. Parents who feel secure, supported, valued, and in control of their lives are more effective than those who feel helpless and insignificant.[7] Therefore, as a society we must eliminate barriers that impede parents' ability to function as parents and that cause some of them to have lower expectations of their efficacy. Policies and programs must help rather than hobble. Parents must be responsible for the health and well-being of their children, but society must enable them to do the job well.

Parenting is not an issue solely for women. Over the past generation, this nation has made enormous strides in creating new opportunities for women in the workplace and in public life. Efforts to strengthen families and improve the lives of children cannot and should not turn back the clock. Opportunities for personal growth and development should be equally available to men and women in our society, and the privileges and responsibilities of parenthood should also be shared. Our public and private sector policies must support parents' choices about individual and family roles and the distribution of responsibility for childrearing. They must also acknowledge that real choice requires active support of alternatives, not just passive acceptance of limited options.[8]

Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers.

There can be little doubt that having both parents living and working together in a stable marriage can shield children from a variety of risks. Rising rates of divorce, out-of-wedlock childbearing, and absent parents are not just manifestations of alternative lifestyles, they are patterns of adult behavior that increase children's risk of negative consequences.[9] Although in some cases divorce is the least harmful outcome of a troubled marriage, today's high rate of family breakdown is troubling.

Most American children can now expect to spend some portion of their formative years living with only one parent, usually their mothers. Growing up in a single-parent family is often associated with other conditions that jeopardize children's health and well-being — poverty, an unsafe neighborhood, and lack of social supports. As a consequence, the Commission worries about the increasing number of children who do not receive time, attention, and material support from both their fathers and their mothers.

Poverty and single parenthood often go together. Mothers, even employed mothers, raising children alone are far more likely to be poor than are families with two parents. Poverty places children at risk of a host of health and developmental problems. The risks of poverty are often compounded by the emotional stress on single mothers, making it difficult for them to establish and sustain the positive relationships they would like to have with their children. Much more effort and perseverance are required to rear children successfully when one parent bears the full burden alone.

Following divorce, or when parents do not marry, many children experience not only financial hardship, but psychological and emotional injury as well. This often has serious negative, long-term effects. On the whole, these children perform less well in school, have more behavioral and psychological problems, and, for complex reasons that are not fully understood, are very likely to become single parents themselves.

Unfortunately, many children do not have two loving parents. Many single parents would not have chosen to raise their children alone. The death or chronic illness of a spouse, prolonged separations

because of military duty or other employment obligations, and divorce often shift the responsibilities of childrearing onto one parent's shoulders. While the nation should strive to create a social and economic context in which strong, two-parent families can form and stay together, it must never fail to reach out and protect single-parent families as well. Many single parents make extraordinary efforts to raise children

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under difficult circumstances. Their success is a tribute to their commitment and hard work and to the loving attention they give their children. As parents, they deserve society's full support.

The family is and should remain society's primary institution for bringing children into the world and for supporting their growth and development throughout childhood.

The dramatic social, economic, and demographic changes of the last 20 years have revolutionized the American family. Single parenthood has become increasingly common, and within many two-parent families there have been profound changes in traditional roles and relationships. Many values related to family life have been called into question. Yet the family remains the best institution for raising children and for giving them a sense of identity and of their place in the world. The vast majority of American children will and should continue to grow up in families.

The family is the basic social unit of our culture, and society suffers when families are weak and ineffectual. America needs a renewed commitment to the family, one that is based on recognition of the changes that have taken place in individual lives, in families, and in the communities in which they live.[10] Change has been so rapid in the last 20 years that many laws and policies have failed to keep pace. If our goal is to support children and to preserve and revitalize families as the center of their communities and society as a whole, then the nation's leaders must take steps to accommodate their changing needs. A renewed commitment to children and families — to marriage, parenthood, and childhood — must be a reaffirmation of the ideal of the family and a commitment to family relations that best support and nurture children in a rapidly changing world.

Any effort to improve the lives and prospects of American children must support and strengthen their families. Society has a stake in future generations that should be acknowledged by policies and programs to ensure that families have a minimally decent income, the opportunity to earn a living, access to quality health care and a good education for their children, and emergency assistance in times of crisis. Americans value independence and individual responsibility. Poverty and economic instability create personal hardship for many parents and their children. When parents are able to meet their children's material needs, they are less likely to need significant outside help to meet their children's intellectual, emotional, and spiritual needs.

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Cultural diversity is one of America's greatest riches; it must be respected and preserved, while at the same time ensuring that all children have an equal opportunity to enter the social and economic mainstream.

Ours is not a monolithic society. Americans represent many different racial, ethnic, and religious heritages. They have different cultural beliefs and customs. This diversity is a source of national strength that should be appreciated and cultivated.

Children need a cultural identity, a sense of who they are, and a sense of pride in their heritage. When society, through its major institutions, fails to recognize and respect parents' and children's cultural differences, it denigrates them and makes them feel that they have no legitimate place in society. When black, Hispanic, Asian, and Native American children see that the adults in their lives cannot gain access to education, jobs, and other opportunities, they can have little confidence or hope for their own futures. They feel excluded and often expect failure because society has let them know it expects them to fail.

The proportion of all U.S. children who are minority is growing; by the turn of the century, demographers project that one-third of America's young people will come from minority groups. Differences in skin color, language, and religious beliefs have long been an excuse for exclusion and discrimination. This country must discard once and for all the stereotypes and intolerance of the past. It must strive to create an environment in which all children and families are accepted and encouraged to participate in mainstream life. Policies and programs, as well as the spirit of communities, must be sensitive to and supportive of persons from different social, economic, and cultural backgrounds. They should strengthen all parents' ability to raise children to become responsible and productive adults. And they should ensure that the doors of opportunity are open to all children.

Community institutions — schools, religious organizations, service and charitable organizations, and employers — have an important role in creating an environment that is supportive of parents and children.

Raising children is a personal responsibility, but it is also a social imperative.[11] Responsible childrearing should be actively supported by social institutions in the community, by employers, and by laws and public policies. Families are not self-contained and self-sufficient. They all need help in the form of jobs, health services, social support, and education. Community

institutions can contribute to the quality of family life by supporting parents in their childrearing roles. When teachers work together with parents, children do better in school. When employers adopt family-oriented policies, employed parents are more responsible and effective at home and at work. Religious institutions, community-based service organizations, and charitable groups strengthen and help stabilize families when they support parents' self-confidence, respect families' cultural traditions, reinforce family values, and provide opportunities for children and parents to help themselves and contribute to the well-being of others in their communities. For families whose children are growing up at risk, effective networks of support in the communities where they live are even more crucial.

Traditionally, communities have been a source of informal support, of neighborly assistance. For many Americans, however, the sense of belonging to a community has been displaced by isolation and anonymity. Greater mobility in our society means that fewer relatives and friends are nearby to lend a hand.[12] Social isolation cuts across class lines, but it is often most pronounced in poor neighborhoods, where everyone is under stress and few adults or children have the personal stamina or resources to support others.[13] Rebuilding a sense of community and reinvigorating informal systems of support for families

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and children should be a primary goal of social policies. Extended families, including grandparents, aunts, uncles, and cousins, represent a rich source of support. We believe the supports that improve life most are those which convey the message that one is not alone, that someone else cares and will be there to help in times of trouble and need.[14]

Communities have a responsibility to provide safe, secure environments for families with children.

In many inner cities, children grow up in combat zones. Crime and violence, often related to the drug trade, have devastated the quality of life. Homicide, rape, assault, and robbery are commonplace. Fear of violent crime has altered the way many families live. Parents often keep their children behind locked doors because they are not safe on the streets and playgrounds, in parks and subways, or at school. Although blacks and the poor living in inner cities are the most frequent victims, no one is safe. Crime and the fear of crime have spread to more affluent, once serene urban neighborhoods and suburbs, breeding suspicion and distrust and perpetuating segregation and racism.[15]

To grow and thrive, children need order. They need safe homes and neighborhoods, free of violence and drugs. They need to feel confident that the adults in their families and their communities will protect them, not prey upon them. Physical safety and psychological security are essential to children's health, education, and overall development. When their experience teaches them that they cannot depend on the adults in their lives, children often grow hostile, distrustful, and angry. In failing to insulate them from crime and violence, we are jeopardizing the futures of millions of youngsters.[16] Today's young victims are very likely to become tomorrow's armed robbers, drug pushers, and murderers.

Society has a legitimate interest in childrearing and a moral obligation to intervene whenever parents who fail to meet their responsibilities put their children at risk.

Society's primary goal must be to support and strengthen families so that children's needs can be met without significant outside intervention. Laws and policies, as well as individual actions, should be aimed at maintaining the authority and integrity of families raising children and offering help and services when needed. But when families are so damaged that their children's health and safety are in danger, society must intervene. Through both individual and collective efforts, society must ensure that children's basic needs for food, clothing, shelter, and affection are met when parents are unable to do so alone, and society must protect children who are at serious risk of physical or psychological harm from adults within and outside their families.

The Commission shares with many others a growing concern that present policies too readily break up families when there are problems, rather than providing support and assistance to help parents and children work through their difficulties. At the same time, a rapidly growing number of children are the innocent victims of their parents' frustration, hopelessness, and despair. Parents' mental illness, drug abuse, and alcoholism — and the violent or neglectful behavior that often accompanies them — place many children in jeopardy. Society has a duty to protect children from abuse and abandonment. The first approach, we believe, must always be to help families help themselves. Often this means temporary help in managing their daily lives: money to buy groceries or pay the rent, or a temporary homemaker to offer respite care while a parent recovers from an illness or looks for a job. Sometimes, families require more structured support and services, such as counseling, substance abuse treatment, and emergency assistance. But when these forms of help are insufficient to enable parents to manage their lives and care for their children, society must ensure that children are protected. In some cases that means removing children from their families, terminating parental rights, and placing children in permanent, stable settings. When parents are impaired and abandon their babies at birth, society has a special obligation to free these children for adoption and actively seek loving homes for them.

Children in the care of the state are no less in need of love and one-to-one attention than children in their own families. Indeed, because the experience of being separated from parents for any length of time is shocking and painful for most children, their psychological and emotional needs may be even greater. Yet too often when society removes children from their homes, it ends up paying more and doing less for the child than if money had been made available to help the family.[17] The current child welfare system is over-burdened. It fails to protect and nurture the children in its charge, and it fails to support the caseworkers and foster parents who care for children outside their families. Accordingly, society must take every precaution to ensure that parental abuse and neglect do not become an excuse for community abuse and neglect. When children are in foster care, the state should be held accountable for their well-being, just as parents are when children live at home.

We need prevention. We need to be able to buy aspirins for our children so we don't have to take them to the hospital.

— SUE SERGI
Executive Director of the Community Council of Kanawha Valley, West Virginia

Preventing problems before they become crises is the most effective and cost-effective way to address the needs of troubled families and vulnerable children.

As a nation, we can no longer afford the staggering human and financial costs of children and families in crisis. We know the warning signs: poverty, single-parent families, poor health, poor education, inadequate housing, unsafe neighborhoods, and lack of social support. The time to address these problems is before they cripple families and irreparably damage children.

It is increasingly clear that help early in life is more economical and more effective than help later on. The longer children and parents experience neglect, deprivation, and failure, the more difficult and costly the remedies. Family planning, prenatal care, immunizations, family support, and early childhood education can reduce later and far greater expenses for neonatal intensive care, special education, drug treatment, welfare, and prisons.

Early interventions present the problem of all investments in growth — the dividends come later.[18] The period of time between the pay-in and the payoff is frequently years or even decades. Nevertheless, the Commission firmly believes that as more preventive supports are available before birth and in childhood, fewer children will reach adulthood unhealthy, lacking basic literacy and job skills, committing violent crimes, and bearing babies before they are ready and able to care for them. More of today's vulnerable children will become responsible and productive adults, able to form strong, stable families and contribute to their communities.[19]

Overcoming many of the problems that afflict American children will require us to distinguish symptoms from causes. The tendency now is to treat only the symptoms — and in many cases not very early or very well. The Commission does not suggest that the nation abandon programs that ameliorate the problems afflicting troubled families and children: many of these efforts are critical, especially in the short run. Yet experience and common sense tell us that we can no longer continue our present strategy of dealing with problems only when they are too mammoth to ignore. This causes needless pain and suffering for too many children and families and uses scarce resources inefficiently. Left as it is, the present system will continue to produce victims faster than it can save them.[20] We must take steps to reverse the tide of seriously troubled families by redressing the imbalance between the amount of energy and financial resources that goes to treatment and the amount that goes to prevention. Doing so presents the nation with a tremendous challenge — to find ways to prevent harm before it occurs and at the same time to deal humanely with current pain and suffering.

Basic moral values are part of our national heritage and should guide society in its actions toward children and families.

Despite Americans' rich cultural diversity, we hold a number of common beliefs and values. They include honesty, respect for human rights, concern for fairness in human relationships, faithfulness, and a commitment to uphold the responsibilities of living in a democracy. These values are at the heart of our nation, our communities, and our families. Each generation has a responsibility to renew its commitment to these common values and to pass them on.[21]

The family has primary responsibility for teaching values and creating the ethical context that is fundamental to our society and our democracy. Children learn to love others by being loved. They learn to respect and value the rights of others by being respected and valued themselves. They learn to trust when they have unwavering support from parents and the other adults closest to them. The capacity for understanding and valuing the feelings of others is present in every child, and it flowers when children are encouraged to empathize with others. Thus only children who cherish their own home can fully understand the tragedy of homelessness.[22] From the time they are very young, children learn responsibility and commitment, freedom and dissent in small, manageable steps. Experiences within the family provide them with the moral and ethical framework for their lives as adults.

Parents are their children's first and most important role models. Very early, children form attitudes and develop patterns of behavior based on what they observe of their parents. As children mature, influences from other adults and peers, as well as the popular culture, become more significant. But their primary sense of personal and cultural identity, of what is right and what is wrong, of moral limits and constraints, are shaped by the words and actions of their parents.

Parents are not the only ones who influence children's moral development, however. Entertainers, athletes, and leaders in government, business, and public life are prominent and visible in their local communities and in the nation. To many Americans, these people represent the essence of power and success. When they abuse the public trust or break rules with impunity, when they glamorize greed and materialism, they send harmful messages to young people and undermine the moral and ethical framework of our society. It is often said that our children seldom do what we say, but they almost always do what we do. For this reason, all adults have a responsibility to uphold the values that we share as a nation and to live them in their own lives.

> **[As adults we need to] be what we want children to be, see what children need us to see. Believe in those who refuse to believe, give to those who need to receive. Listen to those who feel they know the way, but hear those who fear they have nothing to say.**
>
> **— CARL BOYD**
> **Disc Jockey, KPRS,**
> **Kansas City, Missouri**

Over the past 40 years, the popular culture has become a powerful agent for social change. The media, especially television, are major purveyors of popular culture. Most American children spend more time watching television than attending school or being with their parents. In very positive ways the media can communicate new ideas, teach specific skills, and provide opportunities to experience world events, culture, and entertainment. Nevertheless, professionals and parents express growing concern over the adverse influence of popular culture on children's attitudes and behaviors. Pervasive images of crime, violence, and sexuality expose children and youth to situations and problems that often conflict with the common values of our society.

The media have an unparalleled opportunity to reinforce society's values in their programming, news reporting, coverage of special events, advertising, and public service announcements. They must be challenged to balance their commercial interests with their civic and moral responsibilities and in doing so to address the issues facing American families and communities with sensitivity and high standards. Accordingly, we call upon the media, especially television, to discipline themselves so that they are a part of the solution to our society's serious problems rather than a cause.

Effectively addressing the needs of America's children and families will require a significant commitment of time, leadership, and financial resources by individuals, the private sector, and government at all levels.

We recognize that the social problems and challenges facing America in the 1990s have developed over several decades. If tomorrow is to be a better day for all children and families, then we must begin today to build the necessary commitment throughout society. There are no quick or simple solutions. Success will depend on vision, sustained effort, and a determination to commit the necessary resources. Leaders in the public and private sectors cannot afford to take a short-term view. Real change will not be achieved in just one congressional or presidential term. But Congress, the President, the governors and mayors, and leaders from business, labor, and the voluntary community must begin today to take steps to tackle the difficult issues facing American society. They must use their influence and authority to establish new directions, to communicate the need to act, and to create positive, but realistic, expectations about the results.

We ask nothing less than a national effort by individuals, the private sector, and government at all levels on behalf of America's children. They are tomorrow's parents, citizens, employees, and taxpayers. The investment made today will determine the nature of U.S. society for generations to come.

Conclusion

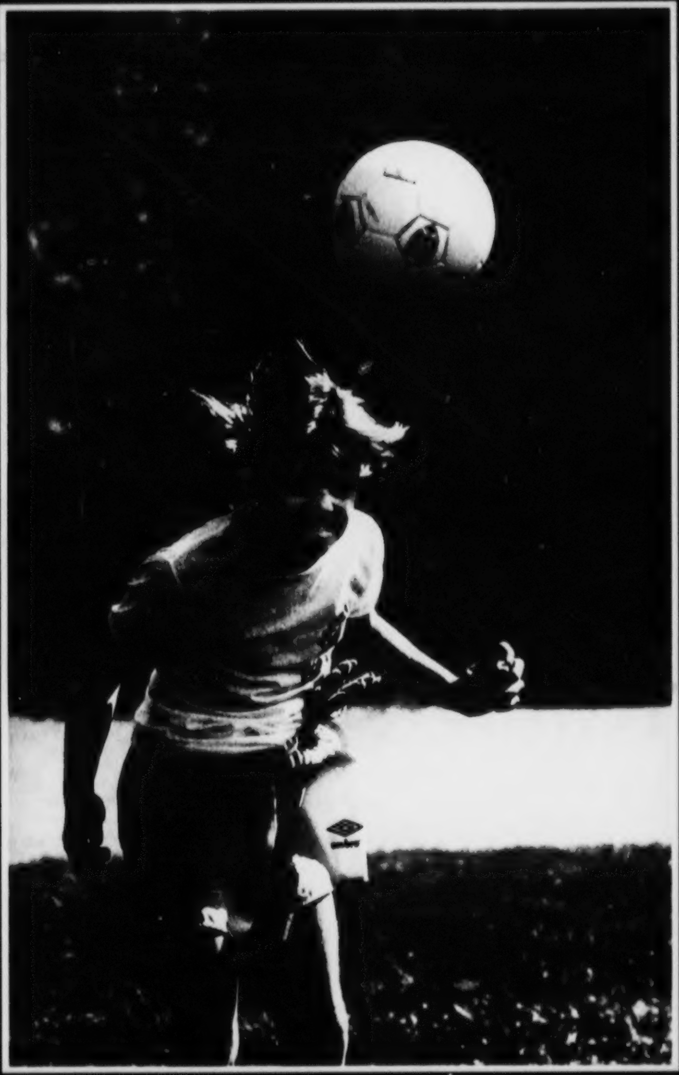
As America enters the 1990s, common ground for a national policy for children and families is emerging. The family is and should remain the fundamental institution for bringing children into the world and for supporting their growth and development throughout childhood. Children's well-being must be a primary focus of families, and families must be at the center of social policies and national priorities. Coherent national policies for children and families will require greater emphasis on family values and effective governmental intervention. Both are important. To support children and build stronger families will surely require public policy changes, but a new policy agenda is not enough in itself. The crisis threatening the health and well-being of American children and their families involves all parts of our society — government, employers, community institutions, the media, and individual citizens and family members. Together, all parts of society must focus on achieving more family-oriented cultural values, strengthening family life, and helping families in need.[23]

The chapters that follow present specific recommendations to accomplish the necessary restructuring and reorientation. These recommendations apply to the major domains of family life and the essential needs of children and families. They are also directed at the ways in which public and private programs and policies are designed, administered, and funded and the ways in which services are delivered to children and families. Together, they form a bold blueprint for strengthening families and promoting the healthy development of all the nation's children.

> **It is time that our country formulates and implements a national policy which addresses the issues of accessible, affordable, quality services for children and their families...We don't need any more discussion or study. We need legislation and funding with requirements and contingencies for the receipt of the money. Just do it!**
>
> **— ANN SANFORD**
> **Director of the Chapel Hill Training and Outreach Project,**
> **Chapel Hill,**
> **North Carolina**

PART TWO

An Agenda for the 1990s



There is always one moment in childhood when the door opens and lets the future in.

— GRAHAM GREENE
Author

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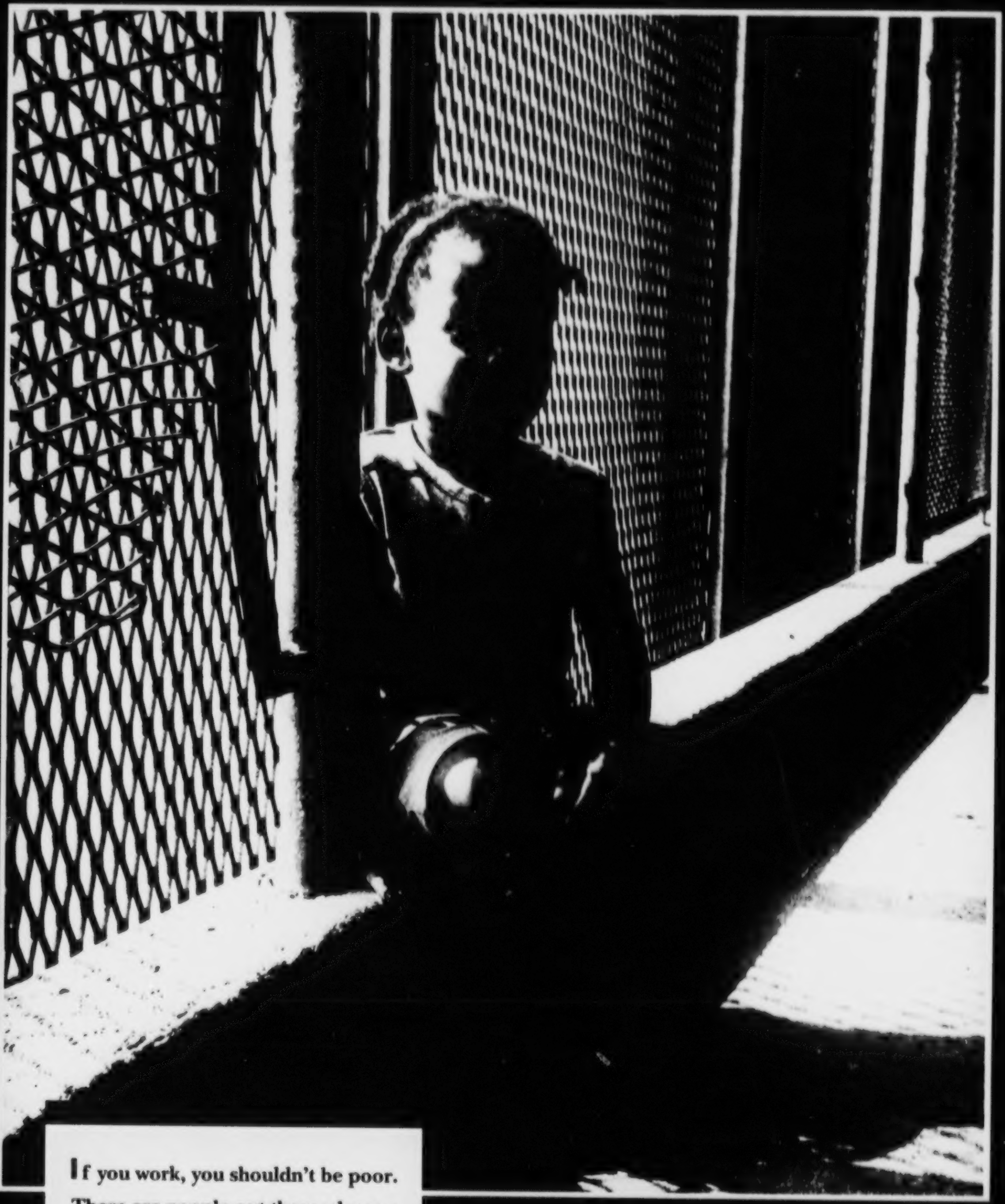

If you work, you shouldn't be poor. There are people out there who are playing by the rules and losing the game. Now, who is going to play by the rules if you can't win?

— DAVID ELLWOOD
Economist

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CHAPTER FIVE

Ensuring Income Security

Poverty and economic instability take a dreadful toll on children.[1] Children growing up in poor families, especially those living in troubled neighborhoods, suffer the most health and behavioral problems. They have lower levels of literacy and higher rates of school dropout. They experience more hunger, homelessness, and violence. They are more often removed from their parents' care because of abuse or neglect. Disproportionately, they lack the necessary skills and knowledge to get good jobs, and they have fewer job opportunities. If they live in families headed by a single mother or in families dependent on welfare, they will more likely than not repeat the pattern of their parents' lives and continue the cycle of poverty when they reach adulthood.

The emergence of a permanently poor population is destroying the social fabric of this nation. Too many American children born into abject poverty grow up without hope of a decent and secure future. As young people, they are often dispirited, angry, and hostile. As adults, they may be unable to form strong families and contribute to the life of their communities and the nation. Because children in racial and ethnic minorities are disproportionately poor, disproportionately from single-parent families, and disproportionately living in severely troubled neighborhoods, they are at even greater risk of failing to enter the social and economic mainstream.

America has an undeniable stake in the economic well-being of families with children. Families with an adequate income are better able to provide the emotional and intellectual, as well as physical, care children need to become healthy, productive adults. Failure to prevent poverty and address the economic needs of families will inevitably lead to other social ills — more crime and delinquency, more teenage childbearing, more unhealthy babies, more failure in school, more substance abuse and mental illness, more child abuse and neglect, and lower productivity among the working-age population. These problems are costly, in economic as well as human terms. They require significant expenditures for treatment of chronic health conditions and disabilities, special education, foster care, prisons, and welfare. The National Commission on Children believes that investing in the economic well-being of families raising children is essential to reduce the social and monetary costs of poverty, in both the short and the long run.

In recent years, the United States has successfully met the challenge to improve the economic well-being of another disadvantaged population, the elderly. Until the mid-1960s, the elderly were the poorest group in the United States. Over the next two decades, however, their economic well-being became a national priority. Programs entitling all older citizens to a modestly secure retirement income and protection from health care expenses expanded rapidly, financed by higher taxes on the working-age population, including families raising children. Although there are both negative and positive lessons to be learned from these programs, the poverty rate among elderly Americans declined by more than half between 1966 and 1986.[2]

Today, children are the poorest Americans. The National Commission on Children urges the nation to make the income security of families with children a high national priority during the 1990s in order to stem the rising tide of poverty and economic instability that threatens the health and well-being of so many of our youngest citizens. Building on the Family Support Act of 1988 and recent pro-family reforms in the federal tax system, the Commission recommends the development of a comprehensive income security plan that includes six general elements:

- creating a $1,000 refundable child tax credit for all children through age 18 and eliminating the personal exemption for dependent children to partially offset the costs;

When you look at the people who will constitute our front line work force now and in the future for as long as the eye can see, somewhere between one-third and one-half are being brought up in poverty.

— MARC TUCKER
President of the National Center on Education and the Economy, Rochester, New York

- providing the Earned Income Tax Credit as an incentive for low-income parents to enter the paid workforce and strive for economic independence;
- establishing a national demonstration to design and test a child support plan that will enhance child support enforcement and create a government-insured minimum benefit when absent parents do not meet their support obligations;
- providing essential transitional supports and services to aid families moving from welfare to work;
- offering community employment opportunities to poor parents who are willing and able to work but unable to find a job on their own; and
- reorienting AFDC as short-term income support for families experiencing unemployment, disability, or other economic hardship.

The Economic Status of Families with Children

Most families raising children have experienced increased economic pressure in the past two decades.[3] Slow wage growth from the early 1970s until the mid-1980s and growing income inequality in the late 1980s have contributed to

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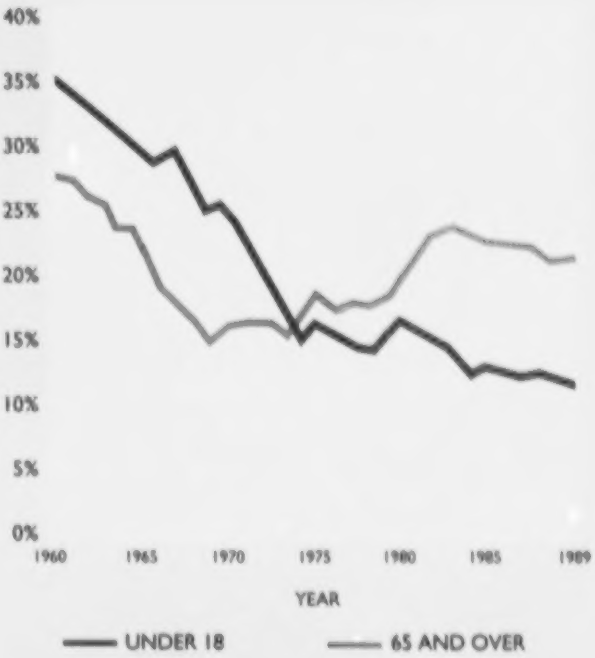
a rapidly increasing "inequality of prospects."[4] For families raising children, the gap between economic expectations and achievement has widened, and economic security has become more uncertain.

Today, one in five U.S. children lives in a family whose income is below the federal poverty level.[5] (see Figure 5-1). Many families are poor despite efforts by parents to earn a living. Some poor families with children are headed by an adult who works full-time for the entire year (18 percent). A much larger proportion are headed by someone who works at least part-time for part of the year (54 percent) but does not earn enough to rise above the poverty level.[6]

FIGURE 5-1

Poverty Rates for Children and the Elderly, 1959-1989



SOURCE: U.S. Department of Commerce, Bureau of the Census, *Current Population Reports*, ser. P-60, no. 168, *Money, Income, and Poverty Status in the United States, 1989* (Washington, DC: Government Printing Office, 1990), p. 59, table 20.

Public opinion research reveals that it is not just poor parents who worry about making ends meet: middle-income parents also express concern about their ability to provide for their children and to maintain a secure standard of living.[7] The typical American expectation of home ownership, a car, and college education for their children is increasingly beyond the means of many middle-class families, especially those with only one income.[8] The costs of housing, transportation, education, and health care have risen steadily since the 1970s and today consume substantially more of a typical family's income than they did 20 years ago.[9] By the mid-1980s, it took approximately 44 percent of the average family's income to buy a median-priced house, up from 25 percent in 1970. Similarly, the average price of a new car came to 48 percent of median family income in

Erratum

In Figure 5-1, page 82, the graph lines are mislabeled. The blue line should represent poverty rates among persons 65 and older; the grey line should represent poverty rates among children under 18.

> **My husband, who works from 6:30 in the morning until between 6:30 and 8:00 at night, makes $5.50 an hour, and we still have trouble making ends meet. Whenever there is a check cashed we sit down and prioritize what bills have to be paid. Still, it is not enough to make ends meet.**
>
> **— NELLIE COLLINS**
> **Expectant Mother,**
> **Madison, Indiana**

the mid-1980s, compared to 35 percent in 1970. A year's tuition at a private college represented less than 28 percent of median family income in 1970, whereas it came to about 38 percent by the mid-1980s. And out-of-pocket medical expenses rose from 4.3 percent of median family income in 1970 to 5.6 percent in 1988.[10]

Beyond the escalating costs of living, the average working family's tax burden has also risen.[11] Combined state and local taxes, federal income tax, and the employee's share of Social Security taxes (after computing deductions and exemptions) now account for approximately 25 percent of median family income, compared to 23 percent in 1970 and only 14 percent in 1960.[12]

Young families have been especially hard hit by economic trends since the early 1970s. In 1989 the median income of a family headed by a worker under age 25 was 24 percent less in real dollars than that of a similar family in 1973.[13] As a result, the poverty rate for young families doubled during this period, with the greatest relative increases among young white families, young married couples with children, and young families headed by high school graduates. Home ownership is now beyond the reach of most young families.[14]

Most vulnerable of all, however, are single-parent families headed by a mother. The average income of mother-headed families is only about 40 percent of the average income of two-parent families at the same age. Indeed, the median earnings of young female householders was $3,005 in 1989, barely 36 percent of the official poverty level for a family of two and substantially below the poverty level for a family of three.[15] The economic hardship that affects so many mother-only families is compounded by the failure of many absent fathers to pay child support.

Approximately 43 percent of all mother-only families with children are poor, compared to only 7 percent of families with both a mother and a father.[16] Nearly 75 percent of all American children growing up in single-parent families experience poverty for some period during their first 10 years, compared to 20 percent of children in two-parent families.[17] Among children living only with their mothers, sustained poverty for seven or more years is common; among children living with both parents, it is rare.[18]

Many scholars and advocates have noted that improving the economic well-being of American families with children in the 1990s will require significant changes in both personal behavior and economic policy.[19] Individuals have a responsibility to take steps toward self-sufficiency if they are able. And society, acting through the private sector, community organizations, and government, has a collective responsibility for seeing that opportunities for self-sufficiency and the means to achieve it are available. Clearly, living in a stable, two-parent family with one or both parents employed is a child's best hope for escaping poverty and having his or her basic material needs met. Government should therefore actively encourage work, independence, and strong families. It can do so by relieving economic pressures on families raising children and by removing economic and policy impediments to employment and to family formation and stability.

Current Income Policies for Families with Children

The economic needs of families with children are addressed directly through tax subsidies that partially offset the financial burden of childrearing and through welfare and social insurance programs to relieve poverty when family income is insufficient. Indirectly, economic needs are addressed by in-kind (nonmonetary) supports and services provided through means-tested programs for the poor and through universal programs for all families with children.

Provisions of the Tax System that Benefit Families with Children

Three major provisions of the current federal income tax system are targeted to families raising children: the personal exemption, the Dependent Care Tax Credit, and the Earned Income Tax Credit. Congress and the President have initiated federal income tax reform in recent years, but these changes have had little favorable effect on families raising children. Whether measured in dollars or average tax rates, the tax burden for both single and married parents with dependents has grown dramatically over the past several decades, relative to that of households without dependents. As some experts argue, this shift has occurred in subtle ways, without any explicit debate by policymakers. Yet it has harmed most American families with children, especially low-income working families.[20]

Personal Exemption. Exemptions reduce the taxable income of individual taxpayers, spouses filing jointly, persons filing as head of household, dependent children, and other dependent family members. Since 1986, the personal exemption has been adjusted annually for inflation (based on the Consumer Price Index, or CPI) to take account of the rising cost of living. In 1991 the individual exemption is $2,150; therefore, a family with two parents and two children can subtract $8,600 in personal exemptions from its taxable income. The estimated cost in lower tax revenues to the

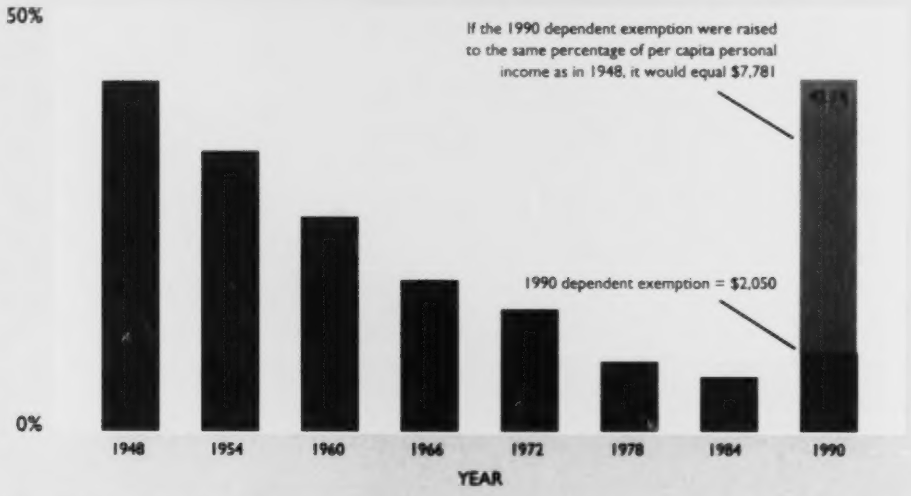
federal government resulting from the personal exemption for dependent children is approximately $21 billion in 1991.[21]

The personal exemption is designed to recognize differences in household size. In this respect, it acknowledges the financial burdens on families raising children and offsets a portion of these costs. The value of the personal exemption has eroded substantially since its establishment in 1948, however, even though the Tax Act of 1986 greatly increased the exemption and finally linked its growth to the CPI[22] (see Figure 5-2). In 1948 the personal exemption was $600, and median family income was $3,182. For a family of four, the personal exemption totaled $2,400, and tax liability amounted to approximately 0.3 percent of income.[23] In contrast, federal income tax liability for a median-income family today is an estimated 9.1 percent,[24] with Social Security and state and local taxes added to that. A personal exemption equivalent to the original exemption would be about $8,260 in 1991.[25]

Erosion of the value of the exemption has been one factor contributing to the declining economic well-being of American families with children. In combination with slow growth in family incomes since the early 1970s, it has had a deleterious effect on children in middle-class families whose income is derived entirely from wages.[26] In addition, the exemption does not substantially benefit low-income families with children. Since it reduces the portion of a family's income that is taxable, its value is greater for tax-

FIGURE 5-2

Dependent Exemption as a Percent of Per Capita Personal Income, 1948-1990



SOURCE: E. Steuerle and J. Juffras, "*A $1,000 Tax Credit for Every Child: A Basic Reform for the Nation's Tax, Welfare, and Health System,*" unpublished paper, Washington, DC. The Urban Institute, 1991.

payers in higher brackets. It is of lesser or no value to families whose incomes are so low that they have little or no tax liability. However, some would argue that it provides a work incentive since it is available only to those with earned income.

Dependent Care Tax Credit. Familiarly known as the child care tax credit, this tax provision can be claimed by employed parents to offset expenses for child care or the care of other, often elderly or infirm, family members. The Dependent Care Tax Credit (DCTC) replaced the deduction for child care, which was previously available as a business expense. The DCTC is a credit against taxes owed for a portion of permitted, documented expenses up to $2,400 for one child and $4,800 for two or more qualified children or other individuals. Taxpayers with adjusted gross incomes (AGIs) (that is, taxable incomes) of $10,000 or less are allowed a credit equal to 30 percent of eligible expenses. For taxpayers with AGIs of $10,000 to $28,000, the credit is reduced by one percentage point for each $2,000 of additional income, or fraction thereof, above $10,000. The credit is limited to 20 percent of employment-related expenses for taxpayers with an AGI above $28,000. Thus, for example, families with a single parent or two parents in the paid labor force with two or more children and an AGI of $10,000 cannot claim a credit for documented child care expenses because they owe no tax; those with an AGI of $20,000 can claim a maximum credit of nearly $1,200; and those with an AGI of $28,000 or more can claim a maximum credit of $960.[27] The cost to the federal government of the DCTC is projected to be approximately $3.1 billion in 1991.[28]

While the credit has strong support among many employed parents, it is frequently criticized for its inequities. To begin with, its principal beneficiaries are middle- and upper-income families. Because the credit is not refundable (that is, it can only be deducted from taxes owed), it does not benefit families whose earnings are not high enough for them to owe taxes. In addition, it is limited to paid and documented child care expenses and cannot be claimed for care by parents or for arrangements in which the caregiver does not claim the cash payment as income. Some critics argue that it favors families with employed mothers over those families who choose — and in some cases make a substantial sacrifice — to have one parent remain out of the paid work force to care for a child. Others argue, however, that the latter families already benefit because the value of a parent's services is not taxed if he or she works at home rather than outside the home.

Earned Income Tax Credit. The Earned Income Tax Credit (EITC) is designed to subsidize the wages of low-income working parents who file federal income tax returns. The credit is refundable; thus, if the tax filer's credit is greater than the amount of tax due, the filer can receive a payment for the amount of the difference from the Internal Revenue Service. The EITC is designed to "make work pay" for parents in low-wage jobs.[29]

The EITC was established in 1975, and it was subsequently increased in 1978, 1984, 1986, and 1990. In the Omnibus Budget Reconciliation Act of 1990, the EITC was more than doubled over its 1986 level. It was also modified to provide an adjustment for family size (up to two children), an additional 6 percent credit for the cost of health insurance that covers a dependent child, and an additional 5 percent credit for families with a child under age one. The increase is to be phased in over four years. By 1994, when it is fully phased in, the credit will be as high as 23 percent of earnings for one child and 25 percent for two or more children (excluding the additional credits for an infant and for health insurance). The projected maximum 1994 credit will then be approximately $2,030, increasing to $2,436 for families with infants. Families with earnings between $8,120 and $12,790 will receive the maximum credit. As income rises above $12,790, the credit declines in value, and it phases out at $24,159.[30] Accordingly, a family with one minimum wage income of approximately $8,500 will be eligible to receive a refundable credit of $2,030. A family with two minimum wage incomes totaling $17,000 will be eligible to receive a credit of approximately $1,278. In 1991 the projected cost to the federal government of the EITC is $8.3 billion; by 1994 it will have increased to an estimated $11.8 billion.[31]

The EITC is intended to subsidize the earnings of low-income workers with children. Although the provision was adopted and expanded piecemeal, it has succeeded in providing a greater work incentive to low-income parents debating whether to join the work force — especially when compared to alternative cash and in-kind welfare programs. It has also successfully reduced taxes or increased cash transfers, or both, to households with dependents. At its projected 1994 level, the EITC will not only offset a low-income worker's Social Security tax liability, but serve as a supplement to boost family earnings. It provides more cash and therefore greater choice to families with an employed head of household than do in-kind benefits.[32] Moreover, although the EITC is not a substitute for an adequate wage floor, it reduces the burden that would be borne by employers if wages were increased through a higher mandated minimum wage. Although increasing the minimum wage has been shown to reduce poverty, even when taking into account any related loss of jobs that may occur,[33] it is not targeted toward workers with dependent children, and it imposes costs on employers

> **I was getting Medicaid...getting WIC and welfare, but I felt ashamed. You don't have anything left over for the kids. They want toys, they need clothes and everything...Being on welfare doesn't cover everything, and I wanted something better for my kids and for myself.**
>
> **— PEGGY CORTEZ**
> **Participant in Avance Program,**
> **San Antonio, Texas**

that can lead to increased inflation and reduced competitiveness. For these reasons, the EITC enjoys considerable support from both conservatives and liberals. Despite its growth and political popularity, however, the provision is not well known or understood by many who could benefit from it. As a consequence, it continues to be underused.

Welfare Support for Poor Families: Aid to Families with Dependent Children

Welfare is the primary source of income support for many low-income families. Jointly financed by the states and the federal government, recipients' need and level of support are determined at the state levels. As established in the Social Security Act of 1935, Aid to Families with Dependent Children (AFDC) (formerly Aid to Dependent Children) was originally intended as temporary income assistance to widows and orphans to prevent sustained poverty and long-term dependence until they began to receive Survivor's Insurance. It was not intended as a continuing source of modest relief from poverty.

The dramatic social and demographic changes of the past two generations have transformed both the AFDC population and the program. Because of

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the rise in marital disruption and out-of-wedlock births (to more than 1 million per year), substantially more women with children are separated, divorced, or never married. The AFDC program is called upon to care for these mothers and their children, often for prolonged periods of time. Although every state is required to extend AFDC to two-parent families in which both parents are unemployed, the program's restrictive eligibility rules make it extremely difficult for many of them to qualify for benefits.

As a result, the welfare system has become a massive bureaucracy for the widespread provision of cash and in-kind relief rather than temporary income assistance for the prevention of poverty. Although protecting children is its explicit objective, AFDC today reaches fewer than 60 percent of the children living below the federal poverty level. In none of the 50 states do combined welfare benefits (AFDC, food stamps, Medicaid, and housing

I have been told by the welfare office that I would be better off not working than I would trying to get a job because they would cut my medical benefits off after four months. I have a son who had open heart surgery, and he has to go to doctors at least once a year. They told me I'd be better off not even trying to find a job.

— PARENT
Charleston, West Virginia

TABLE 5-1

Economic Incentive to Work for a Single Parent with Two Children
(1991 Dollars)

SOURCE OF INCOME	Moving from Welfare to a Minimum Wage Job ($)	Moving from Welfare to a $15,000 per Year Job ($)
UNEMPLOYED		
Welfare income (AFDC and food stamps)	7,170	7,170
Total income when unemployed(a)	7,170	7,170
EMPLOYED		
Potential earnings	8,500	15,000
Work expenses	−1,250	−1,250
Welfare benefits lost	−5,120	−7,170
Change in taxes	590	−910
Total income when working	9,890	12,840
Net gain from work	2,720	5,670
Effective tax rate on work	68%	62%

NOTE: Figures are rounded from data presented in Appendix A, Table A-1.

(a) Reflects combined incomes of welfare recipient and employed potential spouse.

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991). Calculations by the National Commission on Children.

TABLE 5-2

Economic Incentive to Marry for a Single Parent with Two Children
(1991 Dollars)

SOURCE OF INCOME	Marrying a Spouse with a Minimum Wage Job ($)	Marrying a Spouse with a $15,000 per Year Job ($)
UNMARRIED		
Welfare (AFDC and food stamps)	7,170	7,170
Potential spouse's earnings	8,500	15,000
Work expenses	– 1,000	– 1,000
Taxes on potential spouse's income	– 1,090	– 2,570
Total income when unmarried(a)	13,580	18,600
MARRIED		
Welfare benefits lost	– 4,220	– 5,780
Loss of child support benefit	0	0
Change in taxes	1,680	2,090
Total income when married	11,040	14,910
Marriage penalty as a percentage of initial combined income	19%	20%

NOTE: Figures are rounded from data presented in Appendix A, Table A-8

(a) Reflects combined incomes of welfare recipient and employed potential spouse.

SOURCE: U. S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991).

subsidies) provide even a modestly secure standard of living for families with children, nor do they keep families with no other source of income out of poverty. In addition, AFDC payments vary dramatically from state to state. For example, a maximum of $120 per month is paid for a family of three in Mississippi, versus $703 in Suffolk County, New York.[34]

AFDC fails to meet most families' minimum economic needs, and in some cases it undermines their strength, stability, and autonomy. It discourages many low-income parents from working, since work, even at very low wages, results in the loss of their welfare benefits (see Table 5-1). Members of the Commission heard from many parents receiving welfare who feel they cannot "afford" to go to work because they will lose their health care coverage, food stamps, and housing subsidies, and the wages they can earn will be insufficient to replace these benefits.

In addition to penalties for work, penalties for marriage are built into the welfare system. In almost all cases under current law, a low-income mother receiving AFDC and related welfare benefits would pay a substantial penalty if she married a man working in a minimum wage job (especially if his employer does not provide health insurance). Even if her prospective new husband earns $15,000 annually and receives health benefits from his employer, their marriage would cause a substantial income decline. In effect, the low-income couple who choose to marry are also forced to choose a much less secure life for their children (see Table 5-2).

Of even greater concern is the fact that AFDC typically pays more to a family abandoned by the father than it does to one whose father remains at home and provides some or all of the necessary support. As a consequence, many low-income fathers leave their families and are discouraged from assuming financial responsibility for their children. The Commission concurs with many critics who have concluded that U.S. welfare policy often unwittingly undermines the formation and maintenance of stable nuclear families.

Public officials and taxpayers alike express dismay over the current welfare system. Yet as Harvard economist David Ellwood observes, "the recipients often hate it worst of all, claiming it leaves them isolated, frustrated, and humiliated. No one believes that welfare solves many problems. At best it tides people over until they can get back on their feet. At worst it creates a dead end, a world offering few routes to independence and little dignity or self-respect." [35]

The Family Support Act of 1988 (FSA) was a major step toward reforming the welfare system to encourage economic self-sufficiency among low-income families, especially mother-only families. The law established education, training, and work obligations for AFDC recipients and required the states to make employment training available. It also strengthened child support obligations for noncustodial parents; expanded transitional supports for families moving from welfare to work, including child care, health care, and transportation; and required all states to offer AFDC benefits to needy two-parent families in which the principal earner is unemployed. Many provisions of the Family Support Act were implemented in 1990, and others are to be implemented in succeeding years. Accordingly, it will be some time before FSA's benefits and behavioral effects are fully realized. While FSA goes a long way toward ameliorating many of the negative effects of welfare policy, the Commission believes that further steps are needed to create a unified system of income support that ensures all U.S. families with children a minimal standard of living.

Toward a Comprehensive Income Security Plan for Families with Children

A basic step toward ensuring that American children have the opportunity to become healthy, literate, and productive adults is ensuring that they are born into and grow up in families with a decent income. If our society is committed to supporting families as the basic institution for rearing children, and if all children are to have an opportunity to develop to their full potential, then it is necessary for families to be more economically secure.[36] While effective programs to combat many of the devastating effects of poverty and economic instability will continue to be needed for some time, ensuring families an adequate income will significantly reduce economic deprivation. Over time, an adequate income would minimize the need for many specialized subsidies. Moreover, it would directly increase parents' capacity to provide for their children's material needs. It would allow them greater freedom to make basic decisions about how they live their lives and raise their children. And it would ensure that both parents, not just one, maintain financial responsibility for their children's upbringing.

The National Commission on Children recommends the development over the coming decade of a comprehensive income support plan that is based on fundamental American principles of work, family, and independence. Building on the Family Support Act and recent changes in the federal tax system, the goal of this plan is to prevent childhood poverty rather than simply to relieve it. It acknowledges the benefit to society of the family's role in raising children. It would remove or substantially reduce economic disincentives for the formation of stable, two-parent families. It would increase incentives for low-income families to become economically self-sufficient through parents' employment and earnings. And it would reduce the number of parents and children who are dependent on welfare.

Refundable Child Tax Credit

The United States is the only Western industrialized nation that does not have a child allowance policy or some other universal, public benefit for families raising children.[37] Although these benefits vary from country to country, all Western European nations acknowledge the value to society of the family's role in raising children. Child allowances, whether provided as a direct cash payment or as a refundable tax credit, are a form of support for rearing children, a task that government and society at large regard as necessary but which they are unsuited and generally unable to accomplish independently. Other nations that have adopted child allowance policies regard such subsidies as an investment in their children's health and development and in their nation's future strength and productivity.

Many proponents of child allowances argue that the original personal exemption for dependent children assisted families by allowing them to retain a greater portion of their earnings.[38] Because it has declined in value over the past four decades, because it is not available to families that do not pay federal income tax, and because it provides a greater benefit to families with higher earnings, however, the dependent exemption no longer fulfills that purpose.

In concurrence with other scholars and commissions that have addressed these issues, the National Commission on Children believes that U.S. tax policy should bolster families and that government should not tax away that portion of a family's income which is needed to support children.[39] Based on our review of the economic status of families with children and the effects and effectiveness of U.S. tax policies, we conclude that further steps are needed to build upon the momentum of pro-family tax reform begun in the late 1980s. Accordingly, ***the National Commission on Children recommends the creation of a $1,000 refundable child tax credit for all children through age 18 and elimination of the personal exemption for dependent children to partially offset the costs.***

Although some observers favor increasing the personal exemption to recapture its original value, we propose establishing a $1,000 refundable child tax credit, which would benefit all families with dependent children, regardless of their income or tax liability. For many families, the $1,000 credit is a tax relief measure, allowing them to retain a greater portion of their earned income. Families filing income tax returns whose tax liability is less than the value of the credit would receive a cash payment for the amount of the difference from the Internal Revenue Service. This payment could take the form of reduced withholding on regular income or of a tax refund to be paid quarterly or at the end of the year.[40]

When children are living apart from their parents, the adults who are primarily responsible for their care, whether members of the extended family or foster parents, should be eligible to collect the refundable child tax credit.

The credit should be indexed to grow with inflation. Just as the current personal exemption is indexed, the value of the refundable child credit should grow to account for the rising costs of raising children.[41] After adjusting for inflation, the credit would be approximately $1,200 by 1996.

The proposed $1,000 per child tax credit is equivalent in value to a $3,225 exemption for taxpayers in the 31 percent marginal tax bracket and a $6,666 exemption for taxpayers in the 15 percent bracket. In contrast, the 1991 personal exemption of $2,150 is equivalent to $666 as a tax credit for families in the 31 percent bracket and $322 for those in a 15 percent bracket. Although the proposed credit does not fully recapture in current dollars the value of the 1948 personal exemption for dependents, it moves a long way toward that objective and extends the benefit to all families raising children. Compared to the value of the current $2,150 exemption, upper-income families would receive a somewhat greater benefit than they now do. Middle-income families would be significantly better off. And families who earn too little to owe federal income tax would realize a net gain of the full amount of the new credit.

Because it would assist all families with children, the refundable child tax credit would not be a relief payment, nor would it categorize children according to their "welfare" or "nonwelfare" status. In addition, because it would not be lost when parents enter the work force, as welfare benefits are, the refundable child tax credit could provide a bridge for families striving to enter the economic mainstream. It would substantially benefit hard-pressed single and married parents raising children. It could also help middle-income, employed parents struggling to afford high-quality child care. Moreover, because it is neutral toward family structure and mothers' employment, it would not discourage the formation of two-parent families or of single-earner families in which one parent chooses to stay at home and care for the children.

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Earned Income Tax Credit

Even though they work hard and play by the rules, many Americans do not escape poverty. For low-wage, employed parents, full-time work still leaves their families poor and financially no better off than if they were on welfare. Because going to work means that they lose public assistance other than food stamps, many families are actually worse off when parents work. The unfortunate reality is that for millions of American families, work simply does not pay.[42]

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The establishment and expansion of the Earned Income Tax Credit over the past decade and a half was aimed at subsidizing the earnings of employed parents in low-wage jobs. As a refundable credit, it provides a cash benefit to poor working families with children, regardless of their tax liability. The most recent expansion, which will be phased in fully by 1994, took a major step toward adjusting the value of the credit for family size up to two children. In the future, the provision should be further adjusted for family size to provide additional support to families with three or more children. ***The National Commission on Children strongly endorses the Earned Income Tax Credit as an incentive for low-income workers with children to enter the paid labor force and to strive for economic independence.*** In its revised form, the EITC moves closer to providing a "living wage" for poor families with one parent employed full-time, year round. Many economists and child advocates applaud these changes and anticipate that they will lead to increased employment among low-income parents and may even increase the total work effort in the economy relative to welfare support.[43]

Child Support Enforcement and Insurance

Financial responsibility for children does not end when parents separate or divorce, nor does it fail to exist simply because parents never marry. Both custodial and noncustodial parents have a legal, as well as a moral, obligation to contribute to their children's material support. Government has a responsibility to ensure that children who live apart from their parents receive the support to which they are entitled. Despite the existence of a legal mandate and elaborate state administrative mechanisms to ensure that absent parents (usually fathers) contribute regularly to their children's care, more than a third of all noncustodial fathers ignore the obligation to support their children, and many others pay only a fraction of what they owe.[44] Only one single parent in four receives the full amount of court-ordered child support from the absent parent, and the average amount is only about $2,700 per year, or about $52 per week.[45] Some observers argue that absent parents' failure to pay child support has become this nation's greatest source of financial insecurity.

This is not because most fathers cannot pay. Many are financially able to contribute child support or will be able to in the future. But they do not feel a sense of personal responsibility for their children and do not contribute material support. It also reflects insufficient efforts by public authorities to hold absent parents accountable for meeting their children's

This is the basic problem: as parents we all have to provide medical care and education and food and clothing for our kids. And how do you do it? If you don't have a good job and you try to get welfare, if you make $50 a week, they'll cut you off. And you can't feed your kids. So you sit back. You encourage unemployment.

— PARENT
Charleston, West Virginia

material needs. Current state systems for child support enforcement are inadequate at every step — from the establishment of child support awards to the collection of payments. The federal system of support and guidance to the states is also inadequate. When asked to grade the performance of the Federal Office of Child Support Enforcement, state programs gave the agency an overall grade of C– for its operations. The states cited poor management, unresponsiveness to requests for technical assistance, failure to release regulations required under the Family Support Act, and unreasonable and burdensome audit procedures as factors that impede their ability to pursue absent parents and collect the child support they owe.[46] The Secretary of Health and Human Services recently announced new administrative procedures to expedite the processing of claims by parents who have child support awards in place. The Commission applauds these steps and urges the Secretary to move quickly to implement these procedural improvements nationwide. Experts estimate that an efficient and effective child support system could yield approximately $24 billion to $29 billion per year, up to four times the amount now collected.[47]

The National Commission on Children recommends that a demonstration of suitable scale be designed and implemented to test an insured child support plan that would combine enhanced child support enforcement with a government-insured benefit when absent parents do not meet their support obligations. Contingent on positive findings from this demonstration, the Commission recommends the establishment of the insured child support benefit in every state. The primary objective of this proposal is to hold absent parents accountable and to ensure that they pay a fair share of their children's material support. When their payments fall below an established minimum level and they do not meet their obligations, the federal government would make up the difference through payments from a social insurance system. This proposal contains four major elements:

- identification of both parents' Social Security numbers at the birth of a child;
- determination of child support payments based on uniform state guidelines;
- collection of child support payments through automatic wage withholding; and
- provision of a government-insured minimum child support benefit when absent parents do not pay their full obligated amount.

The first three of these elements are provisions of the Family Support Act of 1988, which significantly strengthened child support requirements and enforcement.

The failure of absent parents, almost always fathers, to pay child support has devastating economic effects on parents raising children. Mothers with children typically experience severe declines in income following a divorce; young, never-married mothers, many of whom grew up in economically disadvantaged circumstances, often become part of a continuing cycle of poverty. Making fathers pay is the only alternative to welfare dependency for many single women with children.[48] Beyond the economic effects of family breakdown, however, are the equally devastating and persistent emotional scars for children whose families come apart or fail to form. Many absent fathers have very little, if any, contact with their children, especially if they remarry and begin new families.[49] Such contact, however, and the personal involvement it can foster are more likely to occur when fathers provide economic support. In the Commission's surveys, absent fathers who reportedly paid support are significantly more likely to spend time with their children on a weekly basis than those who do not.[50] Because parents' personal involvement, in addition to their material support, is important for children's development, enhanced child support enforcement may prove to be an effective strategy for holding absent parents accountable in more than just the financial sense.

The Family Support Act contains three major provisions for establishing paternity. First, states must either establish paternity in at least half of the out-of-wedlock cases on AFDC or increase the proportion of such cases in which they establish paternity by three percentage points each year. Second, they must obtain the Social Security numbers of both parents when issuing birth certificates. And third, all parties in a contested paternity case must take a genetic test upon request of any party, with the federal government paying 90 percent of the cost of the test. The Commission urges the states to implement these provisions aggressively in order to identify noncustodial parents and collect child support from them. Even if absent parents are currently unable to pay, they may be able to contribute support in the future. Child support obligations extend until a child is 18 years old.

The Family Support Act also requires that the states establish uniform guidelines to determine the amount of child support awards. In Wisconsin, for example, awards are based on an established percentage of the noncustodial parent's income, set at 17 percent for one child, 25 percent for two children, 29 percent for three children, 31 percent for four children, and

32 percent for five children. In other states, for example Colorado, the standard is based on a formula that also takes into account the earnings of the custodial parent. Such standards provide automatic indexing so that as the income of the noncustodial parent (and to a lesser extent the custodial parent) increases or decreases, so does the amount owed. Some research suggests that it is higher standards — not just better enforcement — that are likely to contribute most to reducing poverty and welfare dependency among single-parent families.[51]

The Family Support Act also requires that states adopt a computerized tracking and monitoring system for child support enforcement and that they collect payments routinely from absent parents through income withholding in order to increase both their size and timeliness. Experience in states that have implemented this policy, for example Wisconsin and Massachusetts, suggests that rates of collection increase substantially and that noncustodial parents are less likely to become delinquent in their payments. Furthermore, routine withholding of child support obligations is a preventive measure that removes stigma and punishment from the collection process, while enhancing children's economic security.[52]

The major new element of the proposal is a government-insured child support benefit when absent parents do not pay or the amount they contribute falls below an established minimum threshold. The Commission urges the federal government, in partnership with several states, to undertake a demonstration of suitable scale to design and test the effects of an insured child support plan that combines enhanced child support enforcement with a government-insured minimum benefit of $1,500 per year for the first child, $1,000 for the second child, and $500 for all subsequent children. States would have the option of supplementing the federal benefit. This means that in the case of an absent parent with two children who earns $8,000 and is obligated to pay one-fourth of his or her earnings, or $2,000, in child support, the federal government would contribute an additional $500 to make up the difference between the $2,500 minimum insured benefit and the amount paid by the absent parent. Contingent on positive findings from the demonstration, the Commission recommends establishment of the benefit in every state nationwide.

Eligibility for the minimum benefit would be conditional on the custodial parent's cooperation in identifying and pursuing collections from the noncustodial parent. Paternity must have been established and either a court-ordered child support award or a voluntary agreement to pay child support must be in place, in accordance with state guidelines for awards.

Establishing paternity at birth and setting child support awards should become routine administrative matters as the Family Support Act is fully implemented, thereby enabling the vast majority of custodial parents who do not receive child support to qualify for the minimum insured benefit. It is not the Commission's intent, however, to structure the program so that it penalizes custodial parents for failures beyond their control in establishing paternity and a support obligation.

The child support benefit would not be welfare in another form, nor would it be an administrative tentacle of the welfare system. It would not be means-tested (that is, available only to families whose income falls below a certain level) and thus would not be reduced by the custodial parent's earnings. For the custodial parent, child support — whether provided by the absent parent or by the government — is not a substitute for earnings or for welfare assistance. Instead, it is intended as a regular, dependable source of support to help cover the costs of raising children. It represents a significant step toward strengthening the concept that children should be supported through the efforts of their parents, but it affords a vital sense of security when parents are unable to meet their obligations.

The insured child support plan should be administered primarily by a federal or state agency outside the welfare system, although it would need to coordinate closely with state welfare agencies and with the Internal Revenue Service (IRS). One possibility would be for state welfare agencies

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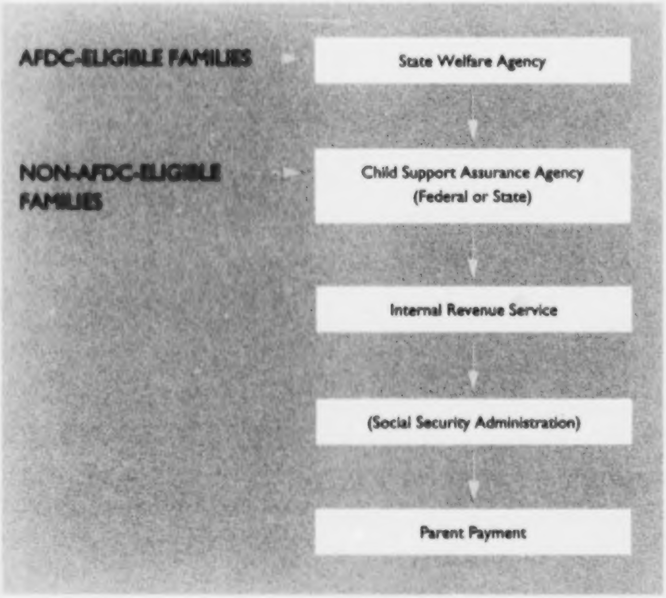
to serve as the point of entry for AFDC-eligible families. Welfare agency staff would screen AFDC applicants as they currently do, plan for their employment, training, and child care needs, and transmit preliminary information concerning their eligibility for child support to a federal or state child support assurance agency. Non-AFDC families would go directly to the assurance agency. Such an agency would incorporate existing child support enforcement functions, and it would have expanded responsibility for establishing child support awards, tracking absent parents (within and across state jurisdictions), adjudicating difficult or contested cases, establishing custodial parents' eligibility for the minimum insured benefit, and distributing child support payments. The agency would also be responsible for tracking employers and notifying them of withholding requirements. The IRS would develop regulations for withholding child support from the wages of absent parents and would routinely collect payments from employers, along with Social Security and income taxes. The IRS would transfer collected funds to the child support assurance agency for monthly payment to custodial parents (see Figure 5-3). As an alternative, the Social Security Administration could be the disbursing agency, or payments to AFDC families could be funneled through state welfare agencies.

FIGURE 5-3

Administrative Structure for Child Support


AFDC-ELIGIBLE FAMILIES
NON-AFDC-ELIGIBLE FAMILIES
State Welfare Agency
Child Support Assurance Agency (Federal or State)
Internal Revenue Service
(Social Security Administration)
Parent Payment

All of these administrative proposals deserve careful analysis. Accordingly, child support enforcement and insurance demonstrations should develop and evaluate alternative administrative structures to resolve issues of equity and efficiency and to establish model procedures that will effectively hold absent parents accountable but not penalize custodial parents for failures to establish paternity and child support obligations that are beyond their control. Regardless of the administrative arrangement, however, the Commission believes that the enforcement of child support obligations and the distribution of insured benefits must be separate from the provision of welfare assistance.

The process for establishing a custodial parent's eligibility to receive the insured benefit should be structured to accelerate the transition from a child support system that is primarily judicial to one that is primarily administrative. In most future cases, paternity will not be an issue, assuming identification is promptly and routinely established at birth. Once standards for child support awards are in place, the awards will no longer be solely a matter of judicial discretion. Routine withholding will reduce the need for custodial parents to return to the courts to obtain orders to pursue delinquent noncustodial parents. In sum, enhanced child support enforcement in accordance with the provisions of the Family Support Act should greatly alleviate the need for judicial involvement in establishing eligibility and ensuring that support payments are made. It should also facilitate the efficient distribution of minimum insured benefits. Judicial involvement should be required primarily in cases where paternity is contested or unusual circumstances prevent the custodial parent from identifying the noncustodial parent.

The Commission agrees with other proponents of an insured child support plan who contend that it would have several positive effects in both the short and the long run. First, we believe it would rapidly and significantly reduce childhood poverty because the amount of the cash payment, in combination with earnings, additional tax benefits from a refundable child tax credit, and the expanded Earned Income Tax Credit, would enable most low-income, single-parent families to escape poverty, provided there is at least one full-time worker earning at least the minimum wage. In addition, we believe it would encourage work and reduce welfare dependency because the insured benefit (unlike welfare) would not be reduced dollar-for-dollar by the custodial parent's earnings. It would give custodial parents a strong incentive to cooperate in establishing paternity and locating the absent parents of their children because the gains from increased collections would be passed on to them directly. In this way, we believe it would also firmly establish the principle of parents' financial responsibility for their children and perhaps eventually help reduce the incidence of out-of-wedlock childbearing. However, until it is designed, tested, and implemented, there is no way to predict the magnitude of these effects with any certainty.[53]

Transitional Supports and Services

If poor families are to move successfully from welfare to work, many parents may require supports and services to make them employable and to make it possible for them to go to work and be reliable employees. In the past, a significant disincentive to leaving AFDC was the abrupt cutoff of essential benefits, especially health care coverage. In addition, studies of welfare recipients suggest that many want to work[54] but need more encouragement and assistance in preparing for and finding jobs. This includes training, education, and job search assistance, as well as help with child care and transportation.[55] In programs where such assistance has been provided, as in some early federal jobs programs and in many state programs initiated since 1981, the results have been positive.[56]

The Family Support Act of 1988 requires each state to establish a Job Opportunities and Basic Skills Training Program (JOBS) to help welfare recipients acquire the necessary literacy, education, job skills, work experience, and job search support they need to become employable and get a job. It also requires continuation of transitional supports, including child care, Medicaid, and transportation, for up to a year after an AFDC recipient becomes employed. ***The National Commission on Children strongly endorses the JOBS program and the provision of transitional supports and services to low-income parents moving from welfare to work.***

Community Employment Opportunities

Despite the availability of a refundable child tax credit, insured child support, an earned income tax credit, and supports and services to help low-income parents move from welfare to work, some families will be unable to achieve independence. Families living in regions where there are few jobs and parents whose physical, psychological, or intellectual capacities render them unable to find and keep a job, for example, will require continuing public support. Although reliable estimates are unavailable, researchers suggest that this hard-core poor population may be relatively small.[57] Some of these families may be eligible for Supplemental Security Income (SSI) for the disabled; the Commission encourages the U.S. Department of Health and Human Services to revise SSI eligibility criteria to ensure that families with dependent children whose adult members are physically or psychologically impaired and unable to work can receive assistance through this program. Many of these families will require specialized, intensive support and services in addition to income support.

For parents who are able and willing to work but cannot find a job, the National Commission on Children recommends that states and localities provide community employment opportunities where feasible and appropriate. We do not recommend the establishment of a major new federal employment program. We urge the Secretaries of Labor and of Health and Human Services to explore waivers allowing the states to use some portion of their federal employment and training funds and other social service funds to support public employment and community work opportunities for parents moving from welfare to work. States and local communities should supplement these funds with some portion of the AFDC savings that will eventually result from reductions in their welfare caseloads.

These programs would not be large, and presumably they would vary from state to state and community to community, depending on local labor needs. In rural communities, for example, jobs might include road building and maintenance or farm work. In urban centers, they might include street and park maintenance, neighborhood cleanup, or other basic city services. Community employment opportunities should not displace or substitute for regular state and municipal jobs.

Employment programs should be separate from the welfare system and should not be regarded as a means of working off welfare benefits. Instead, they should create jobs that are responsive to local needs and that pay employees commensurate with similar jobs in the local market. A true employment program would be more demanding than a workfare program: in workfare, when there are not enough jobs, recipients continue to receive welfare; in an employment program, there is pressure on the system to create more jobs.[58] Experience with community employment programs suggests that they can provide meaningful work opportunities and improve to some extent the likelihood that low-income workers, especially women, will move into the private labor market.[59]

Clearly, the need for such programs will vary in response to local economic and labor market conditions. In periods of economic growth, when unemployment is low, the number of people who would participate in a public employment or community work program would be small. In periods of economic downturn, however, when unemployment rises, the number of people who will need to find jobs through a public program can be expected to increase. If states and local communities are unable to expand their community employment programs to meet the need for public sector jobs, parents must continue to have access to public assistance to ensure the economic survival of their families.

Limited Role of Welfare Assistance

Although Aid to Families with Dependent Children was established to provide temporary income support for single mothers and children experiencing a financial crisis, it has become a source of long-term income support for many poor families. A major objective of the Family Support Act of 1988 was to reorient AFDC toward transitional assistance to help families with children through periods of hardship and on their way to independence. Yet much more needs to be done to ensure that poor families have alternative means of income support and do not rely indefinitely on AFDC.

The first five elements of the Commission's comprehensive plan, if adopted, will dramatically reduce poor families' reliance on AFDC as a primary source of income support. Recent expansions of the Earned Income Tax Credit will move closer to providing a living wage for low-income parents who enter the paid labor force, and the combined benefit of a refundable child tax credit and a minimum insured child support payment will offer improved income security to poor, single-parent families. Enhanced transitional supports and services will help poor families moving from welfare to work. And community employment opportunities will offer jobs to many parents who are able and willing to work but who cannot find a job on their own.

When these essential elements are in place, ***the National Commission on Children recommends that welfare be reoriented as short-term relief in***

periods of unanticipated unemployment, disability, or other economic hardship to provide a safety net to poor families with children who through no fault of their own would otherwise fall through the cracks. With this sharper focus, AFDC could help family heads in both single-parent and two-parent families achieve economic self-sufficiency while at the same time affording protection to their children. The clear goal of the program would be to help families help themselves. A substantial body of research on patterns of welfare dependency suggests that many single parents have significant short-term economic needs following divorce, separation, or the birth of a child.[60] It also shows that many move off welfare as they marry or become employed and may come back on welfare if the job or the marriage does not work out or if they have another baby. Immediately following a birth and when children are very young, it may be undesirable or infeasible for single mothers to go to work. Similarly, economic fluctuations and changes in the job market can create short-term financial problems for both single-parent and two-parent families if the primary breadwinner becomes unemployed.

Yes, yes, yes, yes. (In answer to the question: Would many young women try to become trained for jobs and obtain jobs if they could keep Medicaid? Would it make any difference?)

— THERESA PALMER
Teen Mother,
Rockwell Gardens,
Chicago, Illinois

For all these reasons, an income safety net for families with children is essential. In order to build strong families and establish critical bonds between parents and children, this safety net must allow low-income mothers to remain at home to care for very young children. It must allow adequate time for unemployed mothers and fathers in low-income families to obtain whatever additional education, training, and skills they may need to move back into the work force. And it must protect children but not encourage parents who are able to work to remain out of the labor market.[61]

The National Commission on Children urges that enhanced transitional supports and community employment opportunities be structured so that the great majority of families will not rely on AFDC for income support for more than three years. We recognize, however, that poor families cannot move off welfare and escape poverty through work when there is no adult in the family or when the adult is incapacitated and therefore unable to work. For other families, their ability to leave welfare will depend on whether job training, child care, transportation assistance, health insurance coverage, and, if necessary, community employment opportunities are available. Poor parents cannot be denied welfare benefits if they lack the necessary opportunities and supports to obtain employment and provide for their children's material needs. Transitional supports and community employment opportunities should be designed to ensure that families gain access to these alternatives.

The average spell of AFDC enrollment is approximately two years, although some families are enrolled several times over a period of years.[62] Currently, about half of those who go on AFDC remain on for more than two years, with nearly a quarter staying on for five or more years.[63] Under current law, AFDC parents who are able to work are required to participate in education and training programs and to accept employment when it is available. Yet insufficient education, training, and job opportunities in every state keep many families on welfare for extended periods.

Experts predict that, if the other elements of a comprehensive income security package were available, welfare dependency would decline substantially. Columbia University economist Irwin Garfinkel, for example, estimates a reduction of 12 percent to 20 percent in the AFDC caseload if child support award and collection rates rise halfway between current levels and full compliance. We believe that, in combination with a refundable child tax credit, AFDC dependency could be substantially reduced, perhaps by as much as 40 percent to 42 percent.[64] To the extent that effective child support enforcement systems are in place and employment opportunities are available, most single parents working full-time at minimum wage and two-parent families with one full-time worker or two part-time workers could escape poverty (see Appendix A, Table 3).

The Commission believes that poor families' dependence on AFDC should be significantly reduced as the provisions of the Family Support Act and recent changes in the Earned Income Tax Credit are fully implemented and if the other elements of the proposed income security plan are adopted. However, a number of specific design issues will need to be addressed in the implementation of these policies. Of special importance in this regard are decisions concerning whether and to what extent AFDC benefits should be reduced when child support is paid (by the absent parent or by the federal government). If welfare and child support benefits were additive, low-income single mothers would be more economically secure, but they would also be significantly better off than two-parent families with no workers. While it is important to structure the system to minimize the incentive for families to break up when they experience economic stress, it is also necessary to ensure that low-income single mothers have a clear incentive to cooperate with child support enforcement authorities. It is important for fathers to see that their children benefit from the payments they make. And it is important for all children to be financially better off than they are under the current system (which typically reduces AFDC benefits by all but $50 per month when child support is collected from an absent parent).

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TABLE 5-3

Net Federal Cost of Income Security Proposals
(1993 Dollars)

PROPOSAL	Cost ($ Billions)
$1,000 refundable child tax credit (a)	40.300
Earned Income Tax Credit (EITC) (b)	0.000
Child support insurance demonstration (c)	0.104
Transitional supports and services	0.000
Public employment program	0.000
Aid to Families with Dependent Children (AFDC) (d)	0.000
TOTAL	40.404

NOTES:
(a) Assumes elimination of the personal exemption for dependent children.
(b) Assumes EITC expansion will be phased in, in accordance with the Omnibus Budget Reconciliation Act, 1990.
(c) Rough estimate of costs assuming FY 1993 is the second year in a five-year demonstration.
(d) Assumes no net savings in AFDC expenditures until full implementation of the child support insurance system.

SOURCE: Data from the U.S. Congress, Joint Committee on Taxation.

Accordingly, the Commission proposes that in states that participate in the child support insurance demonstration, AFDC benefits to single parents be reduced by approximately 50 percent of the amount of the guaranteed child support payment for which they are eligible. We believe that at this level, low-income unmarried mothers with children will be better off than they are under the present system. They will have a strong economic incentive to cooperate with child support enforcement authorities. They will also have a strong incentive to join the paid labor force and become self-sufficient because they will be able to add the minimum child support payment to their earnings and the EITC. Consistent with positive findings from the demonstration, the Commission recommends that such AFDC reductions be implemented in every state, along with the establishment of the minimum insured child support benefit. In addition, the benefit structure will not create incentives for families to dissolve when they experience economic hardship.

Costs and Benefits

Rough estimates of the federal costs of the individual components of the plan are presented in Table 5-3.[a] The refundable $1,000 per child tax credit is by far the largest element, at approximately $40.3 billion in new costs. Some commissioners would limit the credit to families with incomes under

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[a] The National Commission on Children is indebted to researchers at the Joint Committee on Taxation, the Congressional Budget Office, the Urban Institute, and Columbia University for their generous assistance in helping to develop these cost estimates.

$150,000, thus reducing the estimated costs by $1.1 billion. Others believe the credit should be equally available to all families, regardless of income, and that the federal costs (revenue loss) should be covered in other ways. The methods for financing this benefit are charted in Chapter 13. The options range from the imposition of new taxes to the reallocation of funds from existing benefit programs.

Congress has already authorized the planned expansion of the Earned Income Tax Credit. When fully implemented, an enhanced child support system, including the provision of a minimum insured benefit, is estimated to cost approximately $730 million if award rates and the collection of child support rise halfway between current collections and full compliance. AFDC expenditures can be projected to decline by roughly $830 million as the result of enhanced child support enforcement and the provision of a minimum insured benefit. Overall, the net savings in public expenditures is projected to be approximately $100 million. AFDC expenditures would decline by as much as $5 billion to $7 billion more if the great majority of AFDC recipients were enabled to move off the welfare roll within three years. The proposed child support insurance demonstration in a number of representative states will provide a strong empirical basis for projecting the costs and benefits of this policy. We estimate that the demonstration will cost approximately $100 million annually over a five-year period. Transitional supports and services and public employment and community work initiatives are not projected to involve new federal spending immediately. Therefore, in very rough terms, the estimated net costs of all components of the proposed income security plan would be approximately $40 billion to $44 billion annually over the first five years. Contingent on positive findings from the demonstration, we anticipate substantial savings from AFDC in later years.

TABLE 5-4

Effect on Average Family Tax Burden of Combined $1,000 Refundable Child Tax Credit and the Earned Income Tax Credit

(1990 Dollars)

PROGRAM	Total Federal Taxes Paid ($ billions)	Taxes as Percent of Total Family Income
1990 Earned Income Tax Credit	$412.9	12.3
Refundable Child Tax Credit, less Dependent Exemption plus 1994 Earned Income Tax Credit and the Infant Supplement	$368.3	10.9

SOURCE: Calculations by Eugene Steuerle, the Urban Institute, Washington, DC, 1990.

TABLE 5-5

Effects of Comprehensive Income Security Plan on Family Income

(1991 Dollars)

FAMILY STRUCTURE AND EMPLOYMENT STATUS	ONE CHILD		TWO CHILDREN		FOUR CHILDREN	
	Current	Proposed	Current	Proposed	Current	Proposed
SINGLE PARENT						
Not working	5,550	7,080	7,170	10,040	10,030	15,250
Minimum wage	8,830	10,900	9,880	13,600	11,570	17,840
Median income	27,220	28,900	27,540	30,620	28,190	33,340
TWO PARENTS						
Not working	7,170	8,170	8,610	10,610	11,630	15,630
One minimum wage	10,090	11,540	11,030	13,580	12,830	17,380
Two minimum wages	14,230	15,100	14,570	16,160	17,680	20,860
One median income	27,900	28,570	28,220	29,570	28,860	31,570
Two median incomes	51,620	52,020	52,220	53,020	53,420	55,020

NOTE: Figures are rounded from data presented in Appendix A, Tables A-3 and A-4.

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991). Calculations by the National Commission on Children.

This estimate does not fully account for increases or decreases in tax revenues that may result from recent changes in the federal income tax law or changes in employment of custodial and noncustodial parents. However, the $1,000 per capita refundable child tax credit, together with the expanded EITC, would reduce the share of total family income paid in taxes by the average U.S. family with children from approximately 12.3 percent to 10.9 percent, thus enabling them to keep a greater portion of their earned income (see Table 5-4).

Rough preliminary estimates suggest that all families with children, regardless of income, family structure, or number of adults working outside the home, would be better off under the Commission's proposed income security plan than they are under the current welfare and tax systems (see Table 5-5). Low-income families would benefit most, particularly those with at least one full-time worker. Because the refundable child tax credit, and to a lesser extent the EITC, adjust for family size, low-income families with more children would receive income benefits to help offset the greater costs of maintaining a large family. Presumably this greater income security, coupled with health care coverage and continued social supports (e.g., child care and food stamps) will induce many more low-income parents to enter the paid work force.

Families without any workers would be significantly better off than they currently are with AFDC benefits as their only source of income, although they would still have net incomes below the poverty level. Two-parent families without a worker would be somewhat better off than single-parent families without a worker. Although it is difficult to determine the behavioral effects, some would argue that it will deter working fathers from leaving their families. On the other hand, in families where the father is not working and cannot contribute child support, the availability of a guaranteed minimum child support benefit may create an incentive to dissolve an unhappy marriage.

The Commission recognizes that changes in income policies can have unanticipated effects, both positive and negative, on individual decisions concerning work, marriage, divorce, and fertility. These, in turn, may have unforeseen implications for the costs and benefits of such policies and unforeseen effects on macroeconomic conditions and human behavior. Therefore, for example, while the expanded Earned Income Tax Credit can be expected to increase employment among low-income heads of household, we cannot determine the extent to which the availability of a refundable child tax credit and insured child support may offset these effects for one or both parents. Similarly, the combined effects of such income security policies on patterns of marriage, fertility, consumption, and use of family time are not fully understood. In addition, although the Commission has presented the broad framework for a comprehensive plan, many details remain to be specified, and these will in some cases have very significant implications for costs and the distribution of benefits. Accordingly, we recognize that further research and evaluation are needed to develop and refine the individual elements of the plan and to assess their short- and long-term budgetary implications, both singly and in combination.

Nonetheless, implementing the proposed income security plan would significantly improve the economic status of many low- and middle-income families, while increasing the spendable income of all families with children. Perhaps most important, it would provide a mechanism for moving many low-income families into the economic mainstream. In addition to its effects on family income, the policies we propose should have a positive indirect effect on children. In the long run, growing up in an environment where work and independence are valued and where families can be financially self-sufficient will yield a substantial benefit to young people and to society.

Conclusion

Poverty among elderly Americans was substantially reduced in just two decades because the nation made their economic well-being a high priority and followed through with the establishment and implementation of policies and programs aimed at ensuring a basic income and protection from extraordinary medical expenses. A major challenge for the coming decade will be to mobilize the necessary political will to eliminate poverty among children and to ensure that all families raising children have the minimum financial resources to do so.

Reasonable people will continue to disagree about whether the declining economic status of American families is primarily attributable to a lack of personal responsibility and moral strength among parents or to the shortcomings of our social and economic systems. Yet if we are to make any real progress in improving the economic well-being of children, we must find a middle ground that recognizes both individual and systemic factors. Our approach must be based on "tough-minded compassion"[65] that reflects concern for the growing financial pressures crippling low- and middle-income families and the need to help people help themselves.

The National Commission on Children proposes a comprehensive income security plan that is based on fundamental principles of work, family, and independence. It emphasizes parents' responsibility for the financial support of their children, while at the same time promising economic security when parents are unable to meet their obligations. It seeks to remove barriers to the formation of strong, two-parent families, and it aims at encouraging independence through employment and earnings.

Our plan builds upon the Family Support Act of 1988 and recent pro-family reforms of federal income tax policy. It contains several essential elements: a refundable child tax credit to subsidize the work of families raising children; an earned income tax credit to make work pay for parents in low-wage jobs; a child support system that holds absent parents accountable and provides a government-insured minimum benefit when parents are unable to meet their obligations fully; essential transitional supports and services for families moving from welfare to work; opportunities for public employment and community work for poor parents who are unsuccessful in finding jobs on their own; and short-term welfare assistance for families

experiencing a financial crisis. Each of these components is critical; none alone can adequately meet the economic needs of all American families with children. When the plan is adopted, it will be equally important to launch a major public education initiative to inform parents about the various components and the benefits to which they will be entitled.

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Implementing this plan will be relatively expensive — an estimated $40 billion to $44 billion per year over the first five years. Some observers may argue that it would be easier and cheaper to continue to treat the symptoms of poverty and economic instability rather than their underlying causes. But the Commission has concluded that unless this nation adopts a strategy to prevent poverty and ensure the economic security of all families with children, the long-term human and financial costs of our neglect will be far greater. Failure to support the development of the next generation and of the families that nurture them will compromise the nation's future.

He who has health, has hope;
and he who has hope, has everything.

—Arabian Proverb

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CHAPTER SIX

Improving Health[a]

Good health is essential to children's growth and development and to their future prospects. While most American children are born and remain healthy, far too many are vulnerable to problems that lead to serious illness, disability, and even death. This country has the knowledge and the tools to save children's lives and improve their physical and mental health. Yet in recent decades, the nation's progress in improving child health has not kept pace with scientific knowledge and health care technology.

Children's families and home environments significantly influence their health. When mothers care for themselves properly during pregnancy, babies are more likely to be born healthy. When children receive adequate nutrition, live in safe homes and neighborhoods, and develop healthful lifestyles, many of the common problems that threaten their health can be prevented.

Equally important is access to timely preventive and acute health care. Yet rapidly rising medical costs are straining the capacity of the system to meet the needs of all Americans, with special and tragic consequences for children and pregnant women. There is a widening gap between those who can take advantage of medical services and those who have difficulty getting even the most basic care. As a consequence, the burdens of poor health are not evenly distributed. Many American children go without health care simply because of their family's income, because of where their parents are employed, or because of where they live.[1]

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[a] This chapter was prepared and reviewed by all members of the National Commission on Children and approved by 25 commissioners. A minority chapter on health care, which follows, was prepared and submitted by nine commissioners.

Perhaps no set of issues moved members of the National Commission on Children more than the wrenching consequences of poor health and limited access to medical care. In urban centers and rural counties, we saw young children with avoidable illnesses and injuries, pregnant women without access to prenatal care, families whose emotional and financial resources were exhausted from providing special care for children with chronic illnesses and disabilities, and burned-out health care providers asked to do more than is humanly possible.

If this nation is to succeed in protecting children's health, there must be a major commitment from families, communities, health care providers, employers, and government to meet children's basic health needs and to ensure that all pregnant women and children have access to health care.

Accordingly, the National Commission on Children urges the nation to move with dispatch to improve the chances that all American children will be born healthy and grow up healthy:

- Parents must protect their children's health by protecting their own health and being role models for healthful behavior, by doing everything in their power to provide a safe home environment, and by seeking essential health services for their children.
- Communities must take responsibility for creating safe neighborhoods, supporting the development of community-based health education and health care programs, and sponsoring activities and special projects to help families gain access to needed services.
- Government and employers together should develop a universal system of health care coverage for pregnant women and children that guarantees a basic level of care and includes specific provisions to contain the costs and improve the quality of care.
- The federal and state governments should expand effective health care programs for underserved populations.
- Health professionals should work together with professionals from other disciplines to improve the quality and comprehensiveness of health and

Health care is one problem that has really hit home. I work one week a month to pay for our health insurance. This summer, I had minor surgery. A month later, I got a bill for $3000. I have a daughter we are hoping to send to college this year, and that is what we had saved to pay for her college.

— WORKING MOTHER
Madison, Indiana

social services, participate in publicly funded programs, and serve their communities as volunteers and resource persons.

America's Record on Children's Health

Overall, American children are healthier today than they have ever been. Yet in many key areas of health care, progress has slowed or halted altogether in recent years. In others, the nation is actually losing ground. Left unaddressed, these trends are likely to take a devastating toll on the health of the nation's children over the coming decade.

Infant Mortality

Each year, nearly 40,000 babies born in the United States die before their first birthdays. Black babies are twice as likely to die as white babies.[2] This nation's infant mortality rate is higher than those of 21 other industrialized countries, including Japan, Sweden, Canada, and France.[3] After rapid progress in reducing U.S. infant mortality in the 1960s and 1970s, the pace of decline has slowed considerably. In 1990 the U.S. infant mortality rate was 9.1 deaths per 1,000 live births, very close to the Surgeon General's objective of 9.0 per 1,000.[4] Nevertheless, achieving the Surgeon General's objective of further reducing the infant death rate to 7 per 1,000 live births by the year 2000 will require significant additional effort.[5]

Low Birthweight

Low weight at birth (that is, 5.5 pounds or less) is the leading factor contributing to the nation's dismal infant mortality record. Low-birthweight babies are 40 times more likely to die in the first month of life and 5 times more likely to die later in the first year than other babies. They are also much more likely to suffer from chronic conditions, including neurodevelopmental disabilities. Many of these babies require intensive, high-technology hospital care immediately after birth, often for as long as two or three months.[6] Since 1980, no progress has been made in reducing the overall rate at which babies are born too soon or too small. For blacks, the rate has actually increased.[7]

Preventable Diseases

Even though most communicable diseases can be prevented with immunizations, thousands of American children are not immunized. In 1979 the Surgeon General set the goal of immunizing 90 percent of two-year-olds against common childhood diseases by 1990. Yet in 1990 only about 70

percent were immunized against measles, mumps, and rubella.[8] In many inner cities only about half of these young children were protected.[9] Recent information concerning immunization rates for other communicable diseases, including polio and whooping cough, are unavailable because the federal government suspended data collection in 1985. Nevertheless, many experts fear that immunization rates for these diseases are also low.[10]

The failure to immunize children has resulted in measles outbreaks in many U.S. cities in the past three years. In 1990 more than 26,000 cases of measles were reported, a huge increase over the average of 3,000 cases a year between 1981 and 1988. Most were among children in poor, inner-city families. Nearly 100 measles cases resulted in deaths in 1990.[11] Cases of rubella and whooping cough have also increased, and many experts express concern that serious outbreaks of these and other preventable diseases may follow if children are not adequately protected.

AIDS threatens a growing number of children each year, primarily through transmission from their mothers before or at birth.[12] By 1990 approximately 2,000 cases of pediatric AIDS had been diagnosed, and many more are expected over the coming decade.[13] At current rates, the number of children with this fatal but preventable disease will reach 13,000 by the year 2000. By 1991 10,000 children under the age of 13 are expected to have the HIV virus, which can develop into AIDS.[14] The risk of HIV infection and AIDS is also growing among adolescents who are intravenous drug users and those who are sexually active. Nearly 700 cases of AIDS have been reported among 13- to 19-year-olds to date.[15] Given the lag between infection and the appearance of symptoms, however, it is likely that many more have already been infected and will develop the disease in coming years.[16]

Chronic and Disabling Conditions

Chronic and disabling conditions associated with genetic or metabolic disorders, birth defects, prematurity, trauma, or infection (including HIV) affect at least 10 to 15 percent of children in the United States.[17] Among the increasingly common conditions that limit normal childhood activities are respiratory diseases, mental and nervous disorders, orthopedic impairments, and sensory impairments. At least 10 percent of children suffer from mental health disorders serious enough to warrant treatment, including autism and depression.[18] In addition, a new and growing population of children born exposed to drugs is especially vulnerable to serious physical and mental disabilities, as well as behavioral problems and learning impairments. Children who live in poor housing are also at higher risk of impairment because of the likelihood that they will be exposed to high levels of lead. An estimated 12 million American children, mostly poor children, are at risk of lead poisoning.[19] Hundreds of thousands of these youngsters have their intellectual growth stunted each year because of exposure to lead.[20]

Accidents and Violence

Many children fail to reach healthy adulthood because they are the victims of accidents or violence that results in disability or death. Overall, accidents are the leading cause of death among children. Intentional violence is also a major threat. Homicide, a particular danger to adolescents, is now the second leading cause of death for all 15- to 24-year-olds in the United States. Black youth and young men are at greatest risk; since 1978, homicide has been the leading cause of death for black males age 15 to 24.[21] In contrast to declines in overall child death rates, child deaths from homicide are increasing. Talking with young people in cities across the country, the Commission heard chilling stories of routine, random violence that left neighbors, classmates, and friends dead or seriously wounded. In a maximum security prison in South Carolina, we met teenagers serving life sentences for taking the lives of other teenagers.

Protecting Children's Health

To grow up healthy, children need regular and specialized health care. Early and comprehensive prenatal care, adequate nutrition for pregnant women and babies, childhood immunizations, and routine preventive and acute care are critical for all children, as are special services for children with chronic illnesses and disabling conditions. Ensuring that these health care needs are met will reduce the number of youngsters who suffer unnecessary illnesses and disabilities, as well as the costs of caring for them.

Prenatal Care

Women who receive prenatal care during their pregnancies are far more likely to give birth to healthy, full-term, normal-weight babies than are those who receive late or no prenatal care. Women who do not receive routine care are approximately three times as likely to deliver low birthweight infants as those who do.[22] Advanced medical technology can now save the lives of many of these children, but the human and financial costs are very high. Low-birthweight babies are at substantially greater risk of chronic illnesses and disabilities, including cerebral palsy, retardation, autism, and vision and learning disabilities. The cost of a very-low-birthweight infant's stay in a neonatal intensive care unit can reach $150,000 or more.[23] In contrast, the cost of providing prenatal care for a pregnant mother can be as little as $400.[24]

Despite dramatic advances in neonatal intensive care, many experts believe that further progress in improving birth outcomes and infant health must come primarily from more healthful behavior by pregnant women and from prenatal care. Overwhelming evidence shows that prenatal care which begins early, continues throughout pregnancy, and is appropriate to

I had called around trying to get a doctor who would start prenatal care with me and then deliver the baby. I thought I could pay by the month so that by the time the baby was delivered I could pay the whole thing...but I couldn't find any doctor who would take me. The cheapest doctor I found was $900, and I had to bring that to the first appointment. I didn't have that kind of money.

— PARENT
Charleston, West Virginia

the mother's level of health risk reduces the likelihood of low birthweight. The positive effects are greatest for those who are at the highest risk of poor birth outcomes: black and some Hispanic women, poor women, very young women, and poorly educated women.[25] Prenatal care is also cost-effective. Every dollar spent can save hundreds or even thousands of dollars over a child's lifetime.[26] These projected savings take into account the medical, social, and educational costs and lost earnings that could result from severe impairments averted by early prenatal care.

Yet one in four infants in this country is born to a woman who does not receive early prenatal care. The progress of the 1960s and the 1970s in increasing the use of these preventive services ended in the 1980s. Since then, the proportion of expectant mothers who receive early care has remained stagnant or declined as public funding for these services has decreased.[27]

In urban and rural communities across the nation, the Commission came face-to-face with the devastating consequences of inadequate prenatal care. In Chicago's Cook County Hospital, we saw row upon row of premature and low-birthweight babies hooked up to tubes and wires, unable to be hugged and rocked and held by their parents or the medical staff who were caring for them. In rural Indiana and South Carolina, physicians, nurses, and home visitors told heartbreaking stories of crowded prenatal clinics, closed hospitals, and overwhelming caseloads of women needing care and no one to provide it.

Recent increases in federal and state funding for maternal and child health services have helped make prenatal care available to many pregnant women, yet fragmented, narrowly defined policies and programs often create financial, administrative, and geographical barriers to early and regular care. The result is a disjointed tangle of services that reach some but not all of those who need them. As in other areas of human services, it is typically those women who need prenatal care most who are least likely to receive it. Unfortunately, these are also the women who are most likely to have frail, unhealthy babies, who, in turn, will bear the long-term consequences of poor or inadequate care.

Adequate Nutrition

Pregnant women and children need adequate nutrition if children are to grow and develop normally. Nutritional deprivation during pregnancy and the early months of life can cause damage that can never be repaired. When infants and young children fail to receive adequate nutrition, their growth is often slowed, they are more susceptible to illness, and they are at greater risk of neurodevelopmental problems that impair learning. Malnourishment that results in a condition known as "failure to thrive" often requires hospitalization and has serious, lasting effects on growth and socioemotional functioning.[28]

Studies and surveys show that nutritional problems, most prominently iron deficiency anemia, are frequently associated with poverty. Since 1980 there has been almost no improvement in overcoming iron deficiency among pregnant women and only modest improvement among children.[29]

While there is debate over the prevalence of childhood hunger in America, there is no doubt that the problem has increased over the past decade.[30] Recent estimates of the number of children who experience hunger range from 2 million[31] to 5.5 million.[32] The increase is closely related to the high rates of childhood poverty and may become even more severe in the 1990s, if poverty among families with children is not reduced.

Routine Preventive and Acute Pediatric Care

Routine pediatric care is essential for improving children's long-term health. Metabolic disorders that can be detected through routine newborn screening and that are readily treatable can lead to mental retardation if they are overlooked. Immunizations protect individual children as well as whole communities from the devastating effects of preventable diseases. Physical examinations and routine tests can lead to the early correction of conditions that might otherwise severely impair intellectual and social development.[33] Yet many children, particularly those in low-income families, do not get the regular preventive care all children need. Nor do they receive timely acute care when health problems occur. When this happens, conditions that can be corrected often lead unnecessarily to more serious illness or disability. A common earache left untreated, for example, can lead to significant hearing loss. A vision problem, correctable with glasses, can inhibit learning. Nearly 20 percent of children report no contact with a physician in the past year.[34] Low-income, black, and Hispanic children are even less likely to have regular preventive and acute care than other groups, especially if their families have no health insurance.[35]

Care for Children with Chronic Illnesses, Disabilities, or Mental Health Disorders

Children with a wide range of disabling or potentially disabling conditions — including physical disabilities, developmental disabilities, mental retardation, sensory deprivation, and health-related educational and behavioral problems — have routine health care needs similar to those of other children. In addition, they also typically require specialized diagnostic and therapeutic care, medical and surgical care, home care, and mental health services. These children may also require special educational, vocational, and family services, without which they cannot achieve their full human potential. The physical and financial burdens of their care, and sometimes its lack of availability at any cost, jeopardize their health and well-being and present overwhelming burdens for their families.

Children with mental health problems also require special care. Yet, many of these children do not receive the full range of services they need to treat their problems and enable them to lead better and richer lives.[36] Traditional psychotherapy is often unavailable to children in low-income families. Even if it is available, it is typically isolated from other health, education, and social

services that these children and their families need. Fragmentation often renders these services less useful and less effective than they might otherwise be.[37]

Improving Health Behaviors and Lifestyles

Children's attitudes and health behaviors — what they eat, what risks they take, what advice they follow — significantly affect their health in childhood and in later life.[38] Malnourishment, obesity, and the incidence of many illnesses are related to nutritional intake. Sexually transmitted diseases, accidents and injuries, and physical and mental impairments are directly attributable to early, unprotected sexual activity, drug and alcohol use, and delinquent behavior. Many of the health problems that afflict Americans in adulthood, including cancer, stroke, heart disease, and AIDS, are profoundly influenced or caused by how they conduct their lives.[39] In fact, better control of a limited number of risk factors — among them diet, exercise, and the use of tobacco, alcohol, and other drugs — could prevent at least 40 percent of all premature deaths, one-third of all short-term disability cases, and two-thirds of all chronic disability cases. Changes in health behaviors can also reduce medical costs and limit losses in productivity.[40] Illnesses attributable to smoking cost individuals and society more than $65 billion a year. The total cost of alcohol and drug abuse exceeds $110 billion each year.[41]

Childhood is an important time to promote health and prevent disease. Because lifestyles formed in childhood and adolescence can last a lifetime, early positive influences can have long-term beneficial effects on health.[42] And it is easier both to establish healthful habits and to prevent the formation of unhealthful habits early in life.

The National Commission on Children concurs with the Surgeon General and other blue-ribbon task forces and commissions that improving children's health is a widely shared responsibility.[43] Parents must take responsibility for promoting healthful lifestyles at home and for obtaining needed health care for their children. Others in the community — including health professionals and educators, employers, leaders from business and labor, voluntary and religious institutions, and the media — must also help children form attitudes and develop behaviors and lifestyles that will protect their health during childhood and into adulthood, and they must help ensure that essential health services are available.

The Role of Parents

Parents play a critical role in protecting and promoting their children's health. Accordingly, ***the National Commission on Children recommends that parents protect their children's health by protecting their own health and being role models for healthful behavior, by doing everything in their power to provide a safe home environment, and by seeking and advocating for essential health services for their children.***

A mother's responsibility begins before her child's birth, because her own health and healthful behavior during pregnancy are fundamental to the health of her unborn child. Unless pregnant women recognize the importance of maintaining healthful lifestyles, getting proper nutrition, and avoiding harmful substances (including tobacco, alcohol, and legal and illegal drugs), they are likely to severely compromise their children's health from the very beginning of life. Similarly, pregnant women must obtain adequate prenatal care, beginning early and continuing throughout pregnancy, to monitor their health status and help avoid complications that often lead to poor birth outcomes.

Parents are responsible for ensuring that their children have an adequate, healthful diet, that they get enough sleep and exercise, and that they are protected from disease and health problems that result from poor hygiene and unsafe health practices. Parents are also responsible for protecting their children from environmental hazards and from physical abuse in their homes and accidents and injuries outside their homes. They should provide safe toys, use car seats, install smoke detectors, and not leave children unattended.

Exposure to lead, dilapidated (and thus dangerous) housing, passive smoking, and careless handling of medicines, household cleaning agents, and other chemicals are well-documented hazards that harm or kill thousands of children in this country each year.[44] For low-income children living in substandard housing, these risks are multiplied many times over. Parents have a responsibility for providing safe home environments and ensuring that children are protected from household hazards.

Breast-feeding has clearly demonstrated health benefits that are often overlooked. Children who are breast-fed during the early months of life are usually healthier than those who are fed formula. They are assured adequate nutrition and develop immunities to illness and allergy. They are never exposed to unsanitary containers. Breast-feeding also helps promote early attachment between mothers and children that is essential to later social and emotional development.[45] Although breast-feeding has become less popular in recent years among some groups of mothers, including some who are at highest risk of having frail or unhealthy babies, it has clear health and cost benefits.

Parents have a responsibility to help children learn about healthful behavior and acquire healthful lifestyles. Parents' own sleep and eating habits, the extent to which they practice good hygiene and safety, and whether they smoke, drink, or use drugs significantly influence their children. Children form attitudes about health and behavior based on their parents' behaviors.

In adolescence, young people assume increasing responsibility for their own behavior. Yet during this period, parents have a major role to play in guiding their children toward wise choices. They also should monitor their teenagers' behavior to help them avoid risks that can have devastating short- and long-term health consequences, including premature and unprotected sexual activity, smoking, alcohol and drug use, unsafe driving, and delinquent behavior.

Moreover, parents must ensure that their children receive adequate health care throughout childhood and adolescence, including regular checkups, appropriate health screening, immunizations, and health risk counseling, as well as timely treatment of health problems.

The Role of Communities

To fulfill their responsibilities for promoting and protecting their children's health, parents need support from their communities. Accordingly, ***the National Commission on Children recommends that communities take***

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responsibility for creating safe neighborhoods, supporting the development of community-based health education and health care programs, and sponsoring activities and special projects to help families gain access to needed services.

Creating Safe Neighborhoods. Crime and violence are pervasive in many inner-city communities. As a consequence, death and injuries resulting from violence have become public health problems of major proportions in the United States in recent years. Young children are often the unintended victims of random shootings on playgrounds, on their neighborhood streets, and even in their homes. Older children, especially poor, inner-city teenage boys, are frequent victims of vicious assaults and killings. Most violence occurs between people who know one another; in fact, many assaults and murders occur between family members. Yet a substantial portion of attacks are between strangers in situations where the attacker is ready and in the mood to kill and has a weapon, a defenseless victim, and an opportunity.[16]

To grow up healthy — or just to grow up — children need to live in environments where they are physically safe and can feel secure that they will not be harmed by adults or other children. Communities have a basic responsibility to create and maintain safe environments for all their residents. As crime and violence have become rampant in many communities, public officials, professionals who work with children, and parents have searched for new approaches to make their streets and playgrounds safe for families with children and to reduce the rapidly rising number of young people who are arrested and jailed for committing crimes.

Apprehending and punishing those who commit crimes is one important approach to crime reduction. To combat youth violence, we believe incarceration must be combined with sensitive rehabilitation programs for youthful offenders. A second, equally important, approach is for parents and community leaders to promote an atmosphere that does not tolerate violence — well-lit streets, neighborhood patrols, adults who monitor the behavior of young people in their neighborhoods, and a shared willingness to expose and condemn friends and neighbors who break the code of peace. Such strategies have shown promise in some communities. A third important approach is aimed at the causes of violent behavior. Violence prevention strategies, we believe, are needed to complement more traditional crime reduction approaches. Violence prevention is based on the understanding that violence is a social disease — acute, chronic, and epidemic in its proportions. For many young people it is a learned response to the stressful circumstances of their lives. Public health approaches must address violence as both an individual and a community

problem. At the individual level, children and other family members whose characteristics predispose them to violence must be taught to modify their responses to anger. Studies have shown, for example, that children can learn nonviolent ways of resolving conflicts with others.[47] At the community level, individual education must be combined with outreach and public education to change community attitudes and beliefs about violent behavior.[48] Several effective models for violence prevention have been developed in recent years, including the Violence Prevention Project, a curriculum that has now been implemented in the Boston public schools.

Health Education and Community-Based Health Services. The ability to make informed decisions plays a significant role in personal health behavior. To make informed decisions, children and their parents need information on health risks, their consequences, and how to avoid them, as well as on ways to promote good health. Physicians, nurses, and other health professionals have many occasions to offer health education and counseling. Professional associations of health care providers can also disseminate information to their members and directly to families.

Health education programs in schools are an important avenue for helping children learn about the risks and consequences of unhealthful behaviors such as smoking, alcohol and other drug use, and violence. And they can help children understand how to promote their own health through proper nutrition, hygiene, pregnancy prevention (including abstinence), and physical fitness. A growing number of schools across the country are initiating comprehensive school health programs that combine health education with health services designed to prevent or identify and treat students' physical and mental health problems. These programs are also aimed at creating a healthful environment in the school, for example by banning smoking for students and adults, promoting physical fitness, serving nutritious food, and eliminating hazards to physical safety.[49]

Traditionally, state and local health departments have played a significant role in educating the public about health behavior risks and have sponsored special health programs and services. Community-based health programs sponsored by business and labor groups and by voluntary and religious organizations can also promote the health of children and their families. Management, unions, and employee associations in many communities are sponsoring smoking cessation programs, prenatal care education, and other projects to improve the health of employees and their children. Many firms also offer wellness and employee assistance programs and host health promotion activities for their communities.

Voluntary organizations, including those dedicated principally to health improvement, have expanded their missions to include community health education. Many organizations serving young people are continuing or beginning to work closely with health professionals and organizations to discourage risk-taking behaviors common in adolescence and to promote healthful lifestyles. Mentoring programs and efforts to build strong one-to-one relationships between responsible adults and young people can, we believe, be an especially effective approach for helping youth develop positive attitudes and health behaviors. Among many high-risk youth, the most important message is one of hope — helping them understand that preserving their future is worth the immediate sacrifice of avoiding behaviors that compromise their health and safety.

Religious institutions also make valuable contributions by sponsoring health fairs, establishing health screening programs, offering individual and family counseling, and supporting adolescent pregnancy prevention efforts. Religious institutions are often in a unique position to deliver preventive health education and services to children and families who otherwise lack access to them. Many churches and mosques in poor black neighborhoods, for example, supplement services in areas with overburdened health care systems.[50] All such efforts should be encouraged, and communities that lack such programs should learn from the successful experiences of others.

> **The fact is that we have 32 million people who don't have any health insurance who need to be taken care of. Honest to Pete, come on, now. That's the first thing.**
>
> **— MARGARET HEAGGARTY, M.D.**
> **Director of Pediatrics, Columbia University Harlem Hospital Center, New York, New York**

The Role of the Media

In addition to observing the behavior of family and friends, children are exposed to countless media messages that affect decisions about health. Direct messages come from news, documentary, and public affairs programs. Indirect but equally powerful messages are contained in advertising, the plots of television shows, and the lyrics of rock music. These messages are not always benign. Messages about violence, in particular, can be dangerous for adolescents in poor and overcrowded neighborhoods, where intentional injury is an everyday event, where peer group pressures lead toward rather than away from violence, and where anger about their limited choices in life makes young people more prone to violence.[51] Similarly, subliminal messages that promote sexuality as the key to social acceptance and personal happiness, without presenting the risks of unprotected sexual activity, can be harmful to young people who lack a secure sense of self-esteem and to those who believe they have few other opportunities for personal achievement. The Commission believes that communities should work to change the way in which local media portray violence and other behaviors that jeopardize the health and well-being of children and adolescents. The pervasive image of the violent hero is a dangerous model for most children and adolescents. Yet media heros who rely on nonviolent strategies to resolve conflicts are hard to find. Although we recognize that the media are not the only or even the major cause of violence and risk taking among youth, we believe they have a unique opportunity and responsibility to help create a climate that values healthful behaviors and lifestyles.

Improving Health Care: Health Insurance

Healthful behavior and lifestyles are not enough to ensure optimum health. Without access to health care, many pregnant women will be at risk of poor birth outcomes, and many children will experience problems that can severely compromise their long-term health and development.

America's health care system is in crisis.[52] There is widespread and growing frustration that in a nation as wealthy as the United States, with the

best medical technology in the world, so many people are effectively denied health care because they do not have any way to pay their medical bills or because services are not accessible. This neglect is most troubling in the case of pregnant women and children, who cannot get care on their own and for whom the lack of access to health care can lead to unnecessary illness, disability, and death, as well as unnecessary financial costs. Improving health care for America's children and pregnant women will require broad-based health insurance reform, expansion of effective health care programs for underserved populations, and efforts by health professionals to develop approaches that are responsive to the needs of children and families in their communities.

The Current Health Insurance System

Almost no American family today can pay for its children's health care without public or private health insurance. The need is greatest among low-income families, but the increasing costs of medical services have put care for many significant health problems beyond the means of middle-class families as well. Routine pediatric care can consume as much as 10 percent of a low-income working family's annual income; the cost of maternity care can exceed that amount. For the 1 family in 20 that has a child with a physical or mental disability severe enough to impair normal daily activities, the ongoing cost of care is overwhelming.[53]

The majority of families with a working parent obtain health insurance coverage as a benefit of employment. For some of the poor, Medicaid offers some coverage. Despite recent expansions of Medicaid, however, many children and pregnant women have no coverage at all. Typically, they live in families with a single parent or two parents who work in low-wage jobs. Their employers do not offer them health insurance, and they earn too much to qualify for Medicaid benefits. Either society must absorb the costs of medical care for these uninsured pregnant women and children, or their families must experience extraordinary financial hardship to purchase care, or they must forego services because they are unable to pay for them.

Private Insurance Coverage. Dramatically rising costs are eroding the private insurance system that most Americans count on to cover the costs of health care in the event of serious illness or injury. Many persons who have experienced illness in the past, who have a disabling condition, or who insurers believe are at risk of becoming sick or disabled in the future are denied coverage altogether.

Most Americans get health insurance through their jobs. Most children are covered by insurance made available through their parents' employers. But as the costs of health care have exploded in recent years, and as employers have struggled to control the amount they pay for coverage, many employees have seen their benefits erode and their share of premium costs increase. For most large employers, the problems of providing coverage have escalated; for many small employers, they have become insurmountable. As insurers increasingly compete to avoid rather than share risks, the premiums they charge have become exorbitant. Small firms generally must pay more for insurance than large firms because they have fewer employees among whom to spread administrative costs and any losses due to extraordinary illness or injury. They are often

> **I'm a single parent and work part-time on the weekends. I don't have any health insurance so when my children get sick I take them to the emergency room. A few weeks later I get a call from a collection agency that I can't pay.**
>
> **— WORKING PARENT**
> **Charleston, West Virginia**

forced to exclude certain employees or conditions, and sometimes they are unable to obtain coverage at any price.

Although 90 percent of private health insurance for children is purchased through parents' employer-based group plans, children's relationship to the private insurance system is at best fragile. Over the past 10 years, employers have become less willing to contribute to dependent coverage. In 1980 40 percent of employers paid for dependent coverage in full; in 1990 only about one-third did.[54] As employees are asked to pay a larger share of the rising costs of dependent coverage, many — particularly low-wage employees with other pressing financial demands — can be expected to drop it.

Public Coverage for the Poor. Health care coverage through the Medicaid program is funded jointly by the federal government and the states, and it is administered by the states under broad federal guidelines. Since its establishment in the mid-1960s, Medicaid has contributed substantially to improving the health of many poor Americans, including pregnant women and children.[55] But Medicaid reaches only a fraction of the nation's low-income population — an estimated 59 percent of poor children in 1991.[56]

One reason that Medicaid fails to cover a larger share of poor children is that eligibility has historically been linked to receipt of Aid to Families with Dependent Children (AFDC). To qualify for AFDC in most states, families with children have to meet shockingly low income and asset criteria. As a consequence, many demonstrably poor families are ineligible for Medicaid. Congress has taken steps in recent years to disconnect Medicaid and cash welfare for some poor children and pregnant women. For example, states are now required to cover pregnant women and children up to age six in families with incomes up to 133 percent of the federal poverty level (with the option of covering those with incomes up to 185 percent of the poverty level). They are also required to phase in coverage for children age 6 to 19 with family incomes up to 100 percent of the poverty level by the year 2002. Yet even with these expansions, many poor pregnant women and children remain uncovered — an estimated 21 percent of those in families with incomes below the poverty level and 26 percent of those with incomes between 100 percent and 150 percent of the poverty level.[57] A poor child who is 10 years old today will never be covered.

The Uninsured. According to 1991 estimates prepared for the National Commission on Children, approximately 32 million Americans, including

8.3 million children under age 18, are currently without health insurance protection. About 13 percent of children and 9 percent of pregnant women (433,000 women) are without coverage. The uninsured come disproportionately from low-income families: approximately half of uninsured children live in families below the poverty level, and about two-thirds live in families with incomes up to 200 percent of the poverty level. The patterns for pregnant women are similar.[58]

Most uninsured children have parents with some tie to the paid labor force. Approximately two-thirds have at least one parent who works full-time, while another 13 percent have a parent who works part-time. Only 20 percent of uninsured children live in families where neither father nor mother is in the labor force.[59] Most parents who do not have health care coverage for their children work for small employers, in industries with seasonal or temporary employment patterns, or in occupations with less-skilled and fewer unionized workers. Agriculture, personal services, retail, and entertainment and recreation are the industries with the lowest rates of insurance coverage.[60]

Over and over in the Commission's hearings and town meetings, we heard heartbreaking stories of children who had not received care for conditions that eventually resulted in more serious and avoidable illnesses and disabilities. And we heard of pregnant women who were denied prenatal care or refused entry to a hospital when they were ready to deliver their babies because they had no means to pay for services. Unfortunately, these tragic accounts are not isolated cases. Children without health insurance protection use fewer medical services than those with coverage,[61] and pregnant women without coverage are less likely to receive early or regular prenatal care than those with insurance.[62]

The growing number of uninsured Americans threatens even those who do have coverage. Care for the uninsured is largely paid for by those who are insured. Many health care providers cover their losses for "charity care" by raising the fees they charge to those who can pay, primarily the privately insured. Yet as the costs of health care have increased and employers and insurers have sought ways to control costs, it has become more difficult to shift the burden of payment for charity care. Some hospitals have responded by closing their trauma centers and emergency rooms, facilities that often attract persons who cannot pay. These services are thus lost to the entire community, creating problems for everyone in need of urgent care.

Toward Universal Health Insurance for Pregnant Women and Children

Although poor Americans face the greatest barriers to insurance coverage, the specter of inadequate protection and catastrophic medical expenses threatens middle-income families as well.[63] As the U.S. health care system is increasingly strained by rising costs, those who depend on employment-based coverage face the growing risk of joining the ranks of the uninsured.

The National Commission on Children joins the rising chorus of voices calling for broad-based health insurance reform. Within and outside of Congress, numerous proposals have been presented by individuals and organizations seeking ways to reform the health care system and improve access to medical care for those who are now excluded.[64] Most of these proposals agree that all Americans should have health insurance coverage. To achieve this, some would replace the existing system, while others would significantly reshape it. Among these alternatives, however, there

My husband works from 6:30 in the morning until 8:00 at night and makes $5.50 an hour. He has just worked long enough to be able to get health insurance, and we still can't afford it with what he makes. They told us it would be very expensive and won't cover anything to do with the baby...We weren't eligible [for Medicaid] until my husband took a cut in the hours he worked.

— NELLIE COLLINS
Expectant Mother,
Madison, Indiana

has been little consensus. Within the Commission there were similar differences concerning approach. Some Commissioners strongly prefer a single-payer national health insurance system; others advocate a public-private, employer-based system. Still others prefer a system of vouchers and tax credits that would require families to purchase insurance on their own in the private market. We agree, however, that in the absence of major change, the proportion of pregnant women and children who are without adequate insurance coverage will continue to grow, and the burden of caring for the uninsured will put all Americans at risk of inadequate access to medical care.

A new system, we conclude, must build upon, not patch or replace, the current combination of employment-based and public coverage. It must ensure that adequate insurance protection is available to those who now have it through their employers; it must extend employer-based coverage to those who do not; and it must supplement employer-provided coverage with decent public coverage for those who are outside the work force. No American child or pregnant woman should be denied access to necessary health care because of financial barriers. Health care for expectant mothers and children should be of high quality, regardless of how it is financed. Decisions concerning care should allow for substantial autonomy and choice by the patient or parent in consultation with his or her medical practitioner. Finally, the health care system and the provision of health insurance must contain incentives to economize and reduce rapidly rising health care costs.

The National Commission on Children recommends that government and employers together develop a universal system of health insurance coverage for pregnant women and for children through age 18 that includes a basic level of care and provisions to contain costs and improve the quality of care.

Ensuring Employment-Based Health Insurance Coverage. In partnership, the nation's employers and the federal government should extend health insurance coverage to pregnant women and to children through age 18, who, in turn, would be expected to accept that protection. Employees must be entitled to health care coverage for their dependent children and for themselves or their spouses during pregnancy and for a reasonable period of time following delivery. Health care coverage for pregnant women and children should become an entitlement of employment, just as a minimum wage and participation in Social Security are.

Because large and small employers face different circumstances in purchasing private group health insurance coverage for their employees, we believe

they should be treated differently in a reformed health care system. Almost all firms with more than 100 employees now provide adequate coverage for most of their employees.[65] Therefore, allowing a brief period for adjustment, the Commission would require all large firms to provide coverage for pregnant employees or nonworking spouses of employees and for their dependent children.

Small firms usually face significant financial barriers in purchasing insurance coverage. Although a majority of even the smallest employers provide coverage, those with fewer than 25 workers employ about half of the working uninsured, and employers with fewer than 100 employees, more than three-quarters.[66] Instead of immediately requiring such small employers to provide insurance, the Commission recommends special measures to reduce the barriers these firms face in purchasing coverage. These measures include reforms in the private insurance market that would enhance the affordability of coverage, time (approximately five years) for these reforms to take effect before small employers would be required to offer coverage, and tax subsidies to help offset the employer's share of health insurance premium costs. Eventually, small employers would be subject to the same requirements as large employers.

Making Health Insurance Coverage Affordable. Rather than simply requiring employers to purchase private coverage, whatever the costs, the government would guarantee that affordable coverage is available through a newly established public plan. Employers, large and small, would have the option of buying coverage in the private insurance market or through the public program. The cost to employers of publicly provided coverage for pregnant women and children would be a set percentage of payroll, thus capping the total amount that employers would be required to pay and avoiding excessive costs for covering part-time employees. Employer contributions will not cover the full costs of providing coverage, so the federal government would have to subsidize the shortfall.

Reforming the Private Insurance Market. Immediate steps are needed to reform the policies and practices of the insurance industry that have caused a deterioration of private insurance protection for small employers. The Health Insurance Association of America has suggested several voluntary initiatives aimed at improving the equity and efficiency of the health insurance market. We, too, believe that steps must be taken to ensure that all employers who seek affordable coverage for their employees, including those with high-risk employees or dependents (for example, children with chronic illnesses and disabilities), will be able to find it. Underwriting, rating, and marketing reforms should lead to competition among insurers that is based on efficient delivery of services and management of health care expenditures rather than on their ability to avoid coverage for high-risk children and pregnant women. Toward this end, the Commission urges requirements for insurers and employers to prevent discrimination against workers with families and to prevent market practices that would give employers incentives to force children and pregnant women into the public program.

Protecting Pregnant Women and Children without Employer-Based Coverage. Employer-based health insurance coverage can never adequately protect all pregnant women and children, particularly those who live in families with no adult in the labor force. Accordingly, the federal government must guarantee health insurance coverage to those who are not covered under employer-based plans through a public program that pays appropriately for services and ensures access to good care. The present Medicaid program, with its limited eligibility, benefits, and payment schedules, does not meet these criteria.

Coverage available through the new public plan would be uniform nationwide and would provide the same basic benefits as employers provide. It would not be linked to welfare. Consumers would share premium costs; for low-income pregnant women and children, coverage would be subsidized. To encourage participation, the new program would offer enrollment through schools and child care facilities, through health clinics and the workplace, as well as through relevant state agencies. National standards for eligibility, benefits, and payment for services in this plan would guarantee all pregnant women and children — regardless of family income, employment status, or residence status — access to affordable health care.

Defining Basic Benefits. To ensure access to essential preventive and acute health care, both private health insurance and the public program would offer at least a basic standard of coverage. The federal government would be responsible for defining the standards for covered services, which would include preventive care and primary acute care as well as medically necessary specialty physician and hospital care. Employer-based coverage would be required to provide at least this basic standard (although employers would be free to offer more generous plans, as most firms now do), and the public plan would offer similar standard coverage. In order to ensure that poor children and pregnant women would not be worse off than they are now, the public program would also cover services currently mandatory under Medicaid, including Early and Periodic Screening, Diagnosis, and Treatment, home health services, and skilled nursing facility services. Retaining these services would also ensure that children with chronic and disabling conditions continue to receive the care they need and that they would not be worse off under the new plan. Families covered by private insurers would have the option of purchasing this coverage from the public plan.

In general, covered services would include medically necessary medical and surgical care for acute and chronic conditions, inpatient and outpatient services, diagnostic tests, prescription drugs, family planning services, and mental health services. In addition, preventive services, including prenatal care, scheduled well-child visits, and others that have been shown to be cost-effective, would be covered. Employers could provide, and individuals could purchase, more generous benefits.

To provide special support to women at high risk of complicated pregnancy and poor birth outcomes, all pregnant women would be screened for risk. Those deemed to be at high risk would be eligible for the assistance of a case manager, who would ensure that they receive all medically necessary health care and monitoring and who would help them gain access to other needed programs and services, such as substance abuse treatment or food and nutrition education through the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Cost Sharing. Subject to their ability to pay and to appropriate ceilings on out-of-pocket expenses, families with children and pregnant women would be responsible for a share of premiums and service costs on all but preventive services under both private and public health coverage. The federal government, in consultation with the health insurance industry, would be responsible for establishing cost-sharing standards. Premiums and cost sharing would be federally subsidized for low-income pregnant women and children. We would urge that those living below the poverty level be fully subsidized and that those in families with incomes between 100 and 200 percent of the poverty level share a portion of costs on a sliding scale. Subsidies would be available regardless of whether coverage is provided by private insurers or the public plan.

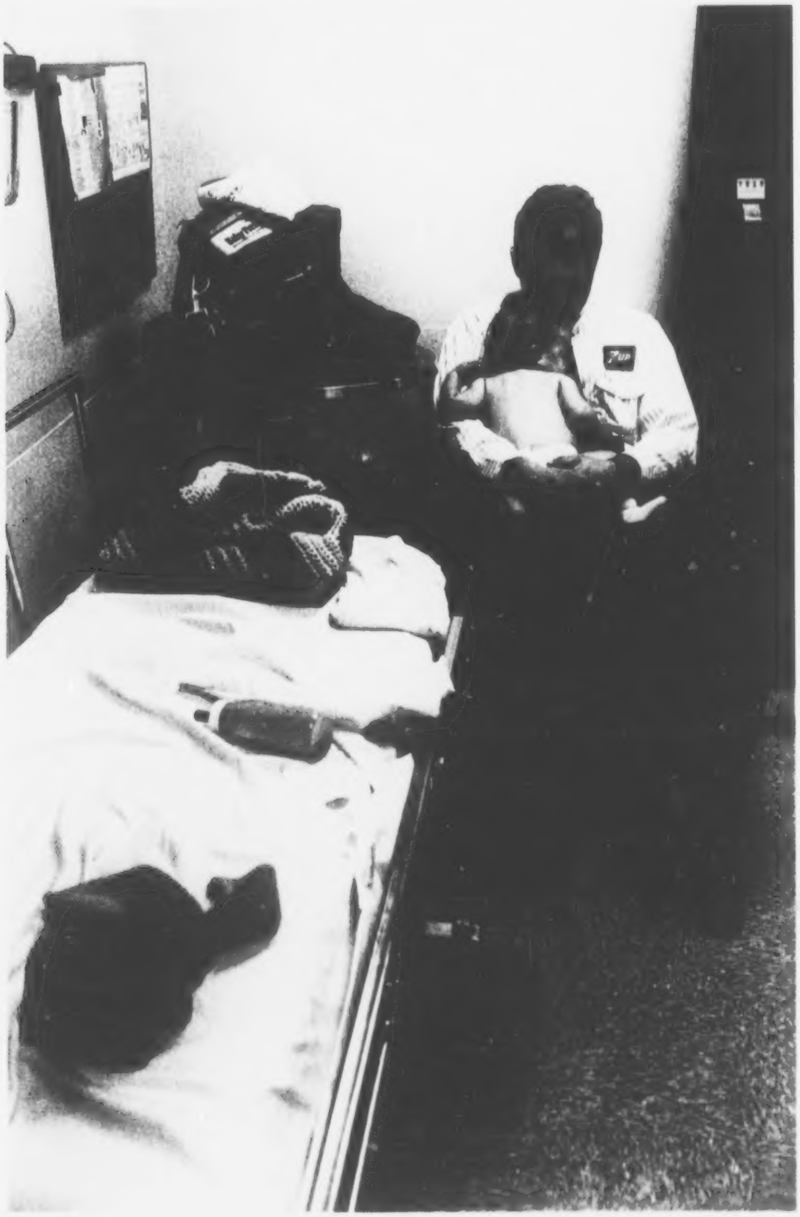
Promoting Quality and Containing Costs. Until the nation addresses the critical issues of cost and quality, it can never genuinely solve the problems of financing all health care, including care for pregnant women and children. There is wide agreement that coverage of unnecessary, inappropriate, or poor-quality care, care that fails to foster efficient delivery of services, or care that shifts costs from some consumers to others wastes precious health care resources.[67] As it is, the United States spends a greater share of its resources on health care than does any other nation. In 1960 those expenditures were about 5 percent of the gross national product (GNP). In 1989 they exceeded $600 billion, nearly 12 percent of GNP. It is estimated that by 2000, health care spending will reach 15 percent of GNP.[68]

The rising costs of health care are placing strains on everyone. Unless costs can be brought under control, many observers project that the entire health care system will collapse, jeopardizing access to care for all Americans. The Commission's proposed public-private system of health coverage for pregnant women and children can be successful only if it provides for the purchase of quality services in an efficient manner. Accordingly, consistent with our proposals for shared public and private responsibility for financing health care, we urge employers and government to take steps to improve the quality and contain the costs of health care services.

First, the Commission recommends extending Medicare's increasingly effective hospital and physician payment system to the new public program. This payment method creates incentives to control costs and can serve as a model for private health insurance plans. At the same time, however, it guarantees payment rates high enough to attract physicians and other providers to participate in the public plan. As more and more consumers participate in the public plan, opportunities for cost shifting will be eliminated. Reimbursement rates under the new public plan must cover the actual costs of providing care and must appropriately compensate providers, otherwise there will be little incentive to serve patients with public insurance. In addition, because Medicare payment rates are based on the program's experience with a predominantly elderly population, adjustments would be needed to ensure that health care providers who make children a priority are not adversely affected by the payment system.

Medicare pays hospitals a predetermined amount for each type of case, based on the diagnosis and other clinical considerations. If hospitals are able to deliver care for less than the payment amount, they are permitted to keep the difference. If their costs exceed the payment amount, they are responsible for covering their losses. This approach has been shown to encourage hospitals and other health care facilities to deliver care more efficiently.[69] Similarly, Medicare's new payment system for physician services aims to create financial incentives for cost containment. The new system bases fees on the relative value of services rather than physicians' historical charges. In this way, physicians are encouraged to provide primary care rather than automatically turning to the most aggressive and most costly forms of treatment (for example, surgery). The new system also provides "volume performance standards" to permit a general reassessment of payment rates if the volume of services provided grows too quickly. Accordingly, the Commission recommends a system of reimbursement for doctors and other health professionals who care for pregnant women and children under the public plan that would set a common and reasonable rate of reimbursement for services. Fee schedules would be structured to encourage more widespread provision of primary care, including prevention, and reduce the likelihood of hospitalization and more expensive crisis care. To be effective as a cost-control measure, however, fee schedules under the new plan would differ sharply from Medicaid's arbitrarily low rates, which discourage many physicians from treating Medicaid patients and force those who do serve them to shift their unreimbursed costs onto paying patients.

Another important approach to containing health care costs is consumer cost sharing. When consumers are required to share a portion of the costs of care, they are usually more sensitive to price and the usefulness of medical services they use. Therefore, the Commission would hold families responsible for a portion of premium and service costs for both public and private



health coverage. However, to encourage the use of essential preventive health care (for example prenatal care, well-child care, and immunizations), the Commission would eliminate cost-sharing requirements for these services. We believe that parent-consumers will be more motivated to avail themselves and their children of preventive care that can reduce the need for more expensive treatment and hospitalization later if cost is not a barrier.

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Health insurance market reforms, if they are to be effective, must result in real competition among insurers based on achieving efficiency in delivering services rather than avoiding bad risks. These reforms will make insurance accessible to all children and pregnant women and will take advantage of market forces to bring about real improvements in efficiency.

Finally, many employers and private insurers are trying to restrain medical costs by encouraging appropriate use of health care services through managed care plans. We endorse the use of managed care systems (such as health maintenance organizations and preferred provider organizations) and managed care features (such as second surgical opinions, preadmission review, and outpatient surgery programs) as appropriate and efficient ways to deliver essential preventive and remedial services to children and pregnant women. These systems, however, must be required to offer their plans to all prospective patients, not just to those who are currently healthy and those with the independent means to pay for care. We urge that insurers who offer managed care options to large employers be required to extend that option to small employers as well.

In addition to these steps aimed at containing the costs of health care for pregnant women and children, the Commission urges consideration of a comprehensive national system of quality assurance. Such a system could improve health professionals' knowledge of appropriate and accepted practices related to particular diagnoses and lead to greater efficiency in their use of diagnostic tools and treatment methods. It could also inform insurers and patients and help them make more effective and responsible decisions in purchasing health insurance coverage and health care services.

Related to concerns about health care quality and the need to curb rising medical costs are problems raised by malpractice and malpractice litigation. Over the past decade the increasing volume of malpractice cases brought before the courts and the amount of damages paid have contributed to rapidly rising malpractice insurance premiums. In turn, the higher costs of malpractice insurance have translated into higher health care costs, and the risk of litigation has persuaded some physicians to change their practices, go into other specialties, or move to other geographic locations. Among the highest premiums are those paid by obstetrician-gynecologists; in some parts of the country, they exceed $100,000 annually.[70] In response, some obstetricians have become less willing to serve high-risk pregnant women in low-income areas because of the possible financial and legal consequences. Although recommendations for resolving malpractice problems and achieving tort reform are beyond the scope of the Commission's work, we urge the federal government to take exploratory steps to address malpractice issues that threaten the health and well-being of pregnant women and their children. In particular, we urge the federal government to consider providing malpractice insurance subsidies, through the National Health Service Corps and Community Health Centers, to obstetricians who care for underserved, high-risk patients in inner cities and isolated rural communities.

> **The poor women of Cabin Creek or Fayetteville or Crab Orchard in West Virginia in some ways have even less access to the basic medical services than those in the cities...The Harlem Hospital or the Cook County Hospital has many problems and few resources, but at least these institutions are there to do the best they can for the urban poor. In rural areas, they are often completely absent.**
>
> **— MARGARET HEAGGARTY, M.D.**
> **Director of Pediatrics, Columbia University Harlem Hospital Center, New York, New York**

Improving Health Care: Delivery of Services

Ensuring that all pregnant women and children have the means to pay for medical services is essential, but it is not sufficient to guarantee that they will receive high-quality health care. Unless the services they need are available in their communities, health care will continue to be beyond the reach of many pregnant women and children. In particular, minority children, low-income children, children who live in geographically isolated areas, and those whose parents are poorly educated often have difficulty getting the health care they need. Accordingly, ***the National Commission on Children recommends that the federal and state governments expand effective health care programs that provide services for underserved populations.***

Improving Health Care to Underserved Areas and Populations

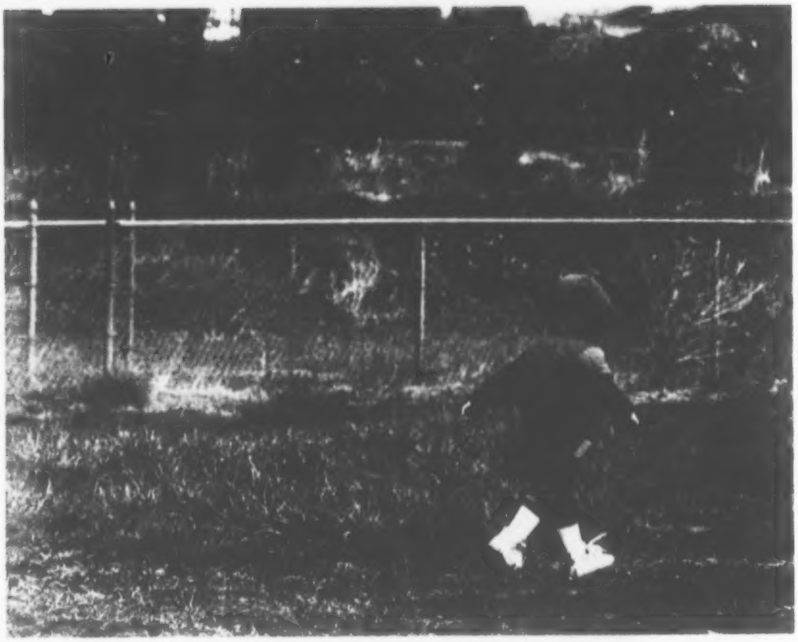
Many children and pregnant women do not have access to health care because they live in areas — principally rural and inner-city areas — that lack the personnel, facilities, and other resources necessary to provide health services.[71] Although the rate of increase in the number of physicians in the United States has more than kept pace with the growth in the American population since 1970, not all families with children have access to doctors in their communities.[72] Some communities have too few physicians to meet their needs, and some have no physicians at all. Many communities have particular difficulty attracting and retaining obstetricians. Three in 100 pregnant women give birth each year in counties with no clinic- or office-based prenatal care provider.[73] One obstetrician we met in rural Marlboro County, South Carolina, lamented his unsuccessful efforts over two years to attract another obstetrician to his practice.

National Health Service Corps. The National Health Service Corps is a federal scholarship and loan repayment program designed to help urban and rural communities experiencing shortages of physicians, nurses, and other health professionals recruit and retain providers. In exchange for financing for their medical educations, health care professionals are assigned to underserved communities upon completion of their training. Since 1970, some 13,000 doctors, nurses, and other health professionals have been assigned to underserved communities through the program. Some have subsequently established practices and stayed in the communities where they were assigned. The National Health Service Corps has been especially important in bringing obstetricians to many rural and inner-city communities. Despite the program's success, however, it was scaled down in the late 1980s. The number of providers who were available for placement through the program declined dramatically, from approximately 3,300 in 1986 to approximately 1,100 in 1990. There were 75 new scholarship recipients in 1990, and 437 projected for 1991.[74] The loan repayment program has not attracted nearly the number of health professionals required to offset the decline of the scholarship program. There are only 285 new loan repayment participants projected in 1991.[75]

The National Health Service Corps is a critical resource for financing medical education and encouraging the delivery of basic health care in underserved rural and inner-city areas. We believe that this and other financial incentive programs designed to attract physician and nonphysician health providers should have increased support. We applaud recent legislation intended to revitalize the National Health Service Corps and increase the number of health professionals who are able to participate in the program. But we realize that it will not be a quick fix and that it will not be sufficient to meet the growing demand for health care providers in underserved areas. In 1990 there were an estimated 2,049 such areas in the United States, requiring an additional 4,360 primary care physicians and other health professionals to meet the demand for health care.[76] It takes many years for health professionals, especially physicians, to complete their educations, and even if the Corps takes up some of the slack, personnel shortages are projected to continue in many underserved areas for the foreseeable future. For this reason, the federal and state governments must make a sustained commitment to develop an adequate pool of physicians, nurses, and other health professionals to meet the needs of underserved rural and inner-city populations. We believe that fiscal year 1991 federal funding of $91.7 million for the National Health Service Corps should be increased in the next decade by approximately $80 million per year in order to sustain approximately 700 health professionals with scholarships and 400 health professionals with loan repayments each year. At this level, the Corps would produce an adequate pool of health providers to serve all medically underserved areas by the year 2000.

Our farmworkers are sick. Our farmworkers' children are sicker. They are sick from their mobility, their poverty, their working conditions, and their living conditions. I can't believe we can care so little about these children that we just simply look the other way.

— LYNN CLOTHIER
Executive Director,
Indiana Health Centers,
Madison, Indiana



Community Health Centers and Migrant Health Centers. It is not only shortages of personnel, but also shortages of facilities that can limit the availability of health services in many communities. At a hearing in Chicago, the Commission heard from outreach workers reduced to tears as they spoke of their inability to get prenatal care for their clients because local clinics were overburdened. In rural communities in Indiana and South Carolina, we heard from pregnant women and parents seeking health care for their children who were forced to travel long distances to reach the nearest hospital or physician.

Community Health Centers and Migrant Health Centers, with support from the federal and state governments and third-party payers (such as insurers), have for 25 years provided preventive and primary care to people in medically underserved areas, especially areas with high rates of infant mortality. Originally launched by the Office of Economic Opportunity, they provide comprehensive ambulatory care, including prenatal and postpartum care, routine preventive and acute pediatric care, preventive dental care, family planning services, health education, and nutrition assessments. Across the country they have contributed to reductions in low birthweight and infant mortality, as well as childhood disease and disability.[77] The number of centers now operating does not begin to match the number of underserved areas, however, and the centers that do exist are often too small to meet the needs of their communities. Approximately 550 grantees currently operate nearly 2,000 clinics but serve only 6 million of the 32 million medically underserved Americans. To improve access to primary care for children and pregnant women in underserved communities, funding for Community and Migrant Health Centers should be substantially increased. New funds should be used to expand both the number of sites and the capacity of existing sites. Toward this end, we urge that funding be

increased by approximately $150 million (from $530 million to $680 million) as the first step in a $1 billion increase over the next five years to double the number of centers and substantially increase the capacity of existing centers. In FY 1992 this expansion would add approximately 160 new centers and 1.5 million new patients. We estimate that by FY 1996 the program would extend services to an additional 7 million new patients altogether. In the final year of this proposed expansion, we would urge the Secretary of Health and Human Services to reassess the level of unmet need and review plans for further program expansion.

Maternal and Child Health Block Grant. Thousands of local health departments and other programs across the nation receive funding through the Title V Maternal and Child Health (MCH) Block Grant program to provide basic and specialized health care to low-income pregnant women and children, including children who are severely ill and have special health needs and those living in areas where health services are limited. States determine eligibility and the services that will be offered. The services typically include prenatal care, routine pediatric care, dental care, and family planning. MCH block grant funds have played a significant role in extending health care to underserved pregnant women and children in communities nationwide. Therefore, we urge continued and expanded support for this program. Congress authorized $686 million for the MCH block grant in the Omnibus Budget Reconciliation Act of 1989, an additional $100 million over the current appropriation. We believe that funding should be increased to the authorization level.

The Omnibus Budget Reconciliation Act of 1989 also provided that MCH funds be used to create and expand organized networks of comprehensive, coordinated, family-centered health and support services for children with chronic and disabling conditions. The states are expected to make these programs available in or near children's home communities and to coordinate existing community health care and social service resources to address the special needs of these children. We believe these principles should be extended to other areas of maternal and child health care as well, including prenatal care for high risk pregnant mothers. Accordingly, we would urge states to direct a substantial portion of additional new funding to these purposes.

Special Supplemental Food Program for Women, Infants, and Children. Established in the early 1970s, WIC provides highly nutritious food and nutrition education to low-income women who are pregnant or breast-feeding and to their children up to age five. The program links the distribution of food to other health services, including prenatal care. Participation in WIC reduces by 15 percent to 25 percent the chance that a high-risk pregnant woman will deliver a premature or low-birthweight baby. It increases the likelihood that these women will receive early, regular prenatal care and that their children will get regular pediatric care and immunizations. Not surprisingly, it is the mothers and children at greatest risk — those who are poor, minority, and poorly educated — who benefit most.[78]

WIC's cost-effectiveness has been clearly demonstrated. Because it significantly reduces the chances of prematurity and low birthweight and the extraordinary costs of neonatal intensive care that these conditions typically require, the savings can be substantial. The average cost of providing WIC services to a woman during her pregnancy is estimated to be less than $250;[79] the costs of sustaining a low-birthweight baby in a neonatal intensive care unit are many times that amount every day. Despite its demonstrated success, however, WIC has never been fully funded. It currently serves an estimated 4 million persons out of an eligible population of 7 million.[80]

The Commission believes that WIC should be expanded to serve all financially needy pregnant and nursing women, infants, and children at nutritional risk. To do so will require increased annual funding of approximately $1 billion.

Improving the Organization of Health Care

The way services are organized and delivered also prevents many children and pregnant women from obtaining adequate health care. Often families with children do not receive care because they have no transportation to a clinic or doctor's office, because the hours of operation are too limited, because the wait is too long, because all the services they need are not available in one place or at one time once they finally get to the front of the line, because service providers are too cold and impersonal, or because they are unable to communicate with them.[81] When services are "unfriendly" to those who need them, they sometimes go unused. Studies of effective services show, however, that the "apathy factor" quickly recedes when programs are readily accessible and when the mix of services and the way in which they are provided responds to the needs of the mothers and children they aim to serve.[82] As one health professional told the Commission, providing health care to poor and socially isolated families involves a lot more than just giving shots and treating a disease.

Health care providers should be concerned about the health of all children in their communities. Accordingly, ***the National Commission on Children recommends that health professionals work together with professionals from other disciplines to improve the quality and comprehensiveness of health and social services, participate in publicly funded programs, and serve their communities as volunteers and resource persons.***

Many high-risk pregnant women and their children need an array of health and social services — including mental health, substance abuse, family planning, nutrition, housing, transportation, and legal services.[83] Their multiple problems cannot be solved by a single provider or treatment. This is especially true of children with chronic and disabling conditions, who often require multiple services from different providers working in different facilities.[84] When poor, socially isolated families have children with special needs, the prospect of arranging all the care and services those children require can be overwhelming. Their problems are compounded because medical and social services are fragmented and poorly coordinated. Parents are frequently required to make appointments and take their children to see providers in many different clinics and agencies that are

I urge private physicians and hospitals to become more willing to accept and serve Medicaid recipients and, I might add, serve them with as much respect and dignity as they do any other patients who receive their services.

— JENOVAH MCFADDEN
Social Worker,
Society of Family Health Clinics,
Bennettsville,
South Carolina

located miles apart. Unfortunately, these professionals often give advice but rarely confer with one another about the needs of the family or the child.

A comprehensive approach to the delivery of health services can improve coordination among providers, expand social support (through case management), and increase the likelihood that families will obtain all the services they need. Sometimes referred to as "one-stop shopping," these client-centered systems seek to integrate many health and social services in one location, simplify their enrollment procedures, and unify eligibility criteria. In addition to providing an array of medical services, these centers also typically help their clients gain access to other public programs and benefits for which they are eligible, including WIC and food stamps. Sometimes they even provide transportation for those who have trouble getting to the center. The important characteristic of the many models of effective, comprehensive programs that have developed in communities across the country is that they seek simultaneously to meet the immediate health needs of the mothers and children they serve and to alleviate the stress and other problems in the families' home environments that adversely affect health. The Commission

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believes that federal and state governments should support demonstrations and provide financial incentives for innovative service delivery at the local level in an effort to expand, develop, and adapt potentially effective models for serving high-risk pregnant women and children.

In many cases, helping high-risk pregnant women and children gain access to health care means taking the services to them. Finding out who needs care (casefinding) and trying to reach them (outreach) increase the likelihood that pregnant women and children will receive the medical and other services they need. Casefinders (including home visitors) targeted to high-risk populations, mobile prenatal care outreach and pediatric health care units, referrals from other providers or agencies, telephone hotlines, and public information programs can all enhance the likelihood that high-risk populations will receive care.[85]

Finally, health care providers themselves can help fill the gap by volunteering their services as a way of repaying the substantial public subsidies that went into their training. Public programs reimburse the high costs of teaching hospitals, which subsidize medical training, and taxpayers foot the bill for subsidized student loans. Health professionals can and should take the extra time and effort to work conscientiously with nonmedical disciplines to facilitate the delivery of comprehensive services to clients in need. They can participate in publicly funded programs, including Medicaid. And they can volunteer their specialized skills to help teach families about health issues and to provide services to disadvantaged mothers and children in their own communities.

Costs and Benefits

Improving the health of America's pregnant mothers and children will require a multipronged approach to improve health behaviors and to improve the accessibility of health care. Parents must assume primary responsibility for protecting their own health and their children's by fostering healthful lifestyles, creating safe home environments, and seeking essential health services. In many cases these efforts will alleviate short- and long-term problems that threaten children's health and necessitate costly treatment. Similarly, communities must take responsibility for creating safe environments and supporting community-based health education and health care programs. These efforts will require broad local support from public and private sources to reduce the human and financial costs that result from major public health hazards. Community institutions play a key role in helping families develop

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healthful behaviors, avoid health and safety risks, and meet their children's health care needs.

The first and most critical step in improving access to health care for pregnant women and children is removing financial barriers. The Commission's proposed public-private approach would extend health insurance coverage to the estimated 8.3 million children and 433,000 pregnant women who are currently uninsured. The annual estimated new costs to the federal government would be approximately $7.4 billion, including increases in insurance benefits and changes in administrative costs. Employers who do not currently insure pregnant women and children would also bear significant responsibility for the costs of additional coverage, an estimated $8.9 billion annually in increased benefits, payroll taxes, or both. Other sectors of society would realize significant savings: employers who now insure children and pregnant women as employees' dependents would save an estimated $4.3 billion per year, in part because they would no longer bear the burden of cost shifting from uncompensated care and low Medicaid reimbursements. Similarly, state and local governments would save an estimated $2.5 billion in spending for the uninsured and increases in the costs of care for the medically indigent. And families would save about $6.8 billion per year as a result of increased employer and government contributions to their health insurance premiums and health care expenses (see Table 6-1).

TABLE 6-1

Impact of the Public-Private Health Insurance Model on Spending for Children and Pregnant Women
(1991 dollars)

PAYER	Spending ($ billions)
Federal government	$7.4
State and local governments	(2.5)
Employers (after taxes)	4.6
Employers who currently insure	(4.3)
Employers who currently do not insure	8.9
individuals	(6.8)
Net change in spending	2.7

NOTE: The following assumptions are used for calculations:

- Includes all children through the age of 18 and all pregnant women.
- Includes primary and preventive care, inpatient care, limited mental health services, and prescription drugs.
- Assumes cost sharing of $250 deductible ($500 per family); 20 percent coinsurance on all services except well-child and a $1,000 out-of-pocket limit per individual ($3,000 per family).
- Requires employers to insure all dependent children and pregnant women either through private insurance or purchasing coverage through a public plan. Employers' share of costs for coverage through the public plan equals 2.0 percent of payroll for all employees.
- Children of non-workers and non-working pregnant women are also covered under the public plan where patient cost sharing and premium payments are phased in through 200 percent of the federal poverty level. The program will assume full participation by enrolling uninsured individuals at the time care is provided.
- The net change in spending includes increases in health spending and changes in administrative costs.

SOURCE: Lewin/ICF estimates using the Health Benefits Simulation Model.

Ensuring that families can pay for health care is essential, but it is not sufficient to ensure that children will receive necessary services. Unless health care providers are accessible and services are organized to address the needs of families in different social, economic, and cultural circumstances, many children still will not receive critical preventive and acute care. Accordingly, the Commission has proposed expansions of several effective federal programs that bring maternal and child health services to underserved populations, including the National Health Service Corps, the Community and Migrant Health Centers, and the Maternal and Child Health Block Grant. Over the coming several years, the Commission believes these programs should be expanded to serve all unserved and underserved pregnant women and children, and we have suggested an incremental approach to increased federal funding. In the first year, we anticipate new required funding to total approximately $330 million for the three programs, with modest additional new funding in subsequent years.

The National Health Service Corps and Community and Migrant Health Centers encourage the appropriate use of health services and have demonstrated their effectiveness in improving family health. Our proposed changes will improve the capacity of the health care system to deliver services that are not only effective, but cost-effective as well. Prenatal care, for example, has been proven to be highly cost-effective. The Office of Technology Assessment estimates that for every low-birthweight birth prevented by earlier or more frequent prenatal care, the U.S. health care system saves between $14,000 and $31,000 in first-year hospital and long-term health care costs.[86] The Institute of Medicine estimates that for every dollar spent on prenatal care for low-income or poorly educated women, spending on medical care for low-birthweight infants could be reduced by more than three dollars in the first year of life.[87]

In addition, the Commission recommends increased funding for WIC so that it will serve all financially needy pregnant and nursing women, infants, and children at nutritional risk. This will require additional annual funding of about $1 billion. Nutritional supports under the WIC program are also highly cost-effective. For example, a recent study sponsored by the U.S. Department of Agriculture showed that for every dollar spent on the prenatal component of WIC, the associated savings in Medicaid costs for newborns during the first 60 days after birth ranged between $2.84 and $3.90.[88]

If we can't get serious about [prevention], we are going to be pouring more and more of our resources into a black hole. And we are going to have less and less of a chance that the next generation of children will grow up and be the kinds of parents that we hope they will become.

— JUDY CARTER
Executive Director,
The Ounce of Prevention Fund,
Chicago, Illinois

Conclusion

Most American children grow up healthy. Dramatic technological advances in medicine and increased understanding of environmental and behavioral effects on health are reflected in falling death rates and reductions in the incidence of many threatening diseases and disabling conditions. Yet the nation's vast and unique health resources are not equitably distributed. Many children and pregnant women, especially those who are poor, live in settings that are not conducive to good health and lack access to essential preventive and remedial health care. Despite the current outcry over runaway medical costs, preventive services and efficient approaches to health services delivery continue to receive astoundingly low priority. Environmental health and education, approaches that can promote healthful lifestyles and behavior, continue to be largely neglected. Lack of health insurance protection denies care to a large and growing population who have no way to pay for medical care.

As a Commission, we are dismayed that in a nation as wealthy as the United States so many pregnant women are at risk of poor birth outcomes, so many babies are born unhealthy, and so many children continue to suffer health problems that lead to unnecessary disease, disability, and even death. In this chapter, we have proposed a series of antidotes to the ills that plague our health care system and threaten the health of pregnant women and children. These proposals are part of a unified plan. Each is important; none alone will be sufficient. To be effective, however, there must be a commitment from families, communities, employers, health care providers, and government. Children's health must first be protected at home. Adequate nutrition, healthful lifestyles, and a safe environment are essential. In addition, all children and all pregnant mothers must have access to the health care they need. Universal access to health care, along with mechanisms to ensure that the appropriate services actually reach those who are at high risk of health problems and poor outcomes, represents a sound social investment.

These services can be provided by a variety of sources and organized in ways that reflect the idiosyncrasies of local communities and the needs and preferences of the populations that are being served. Diversity does not need to imply disorder. Universality can be achieved without uniformity.[89] In the long run, ensuring that all children have the opportunity to achieve their optimal health should be a hallmark of equity in our democratic society.

Minority Chapter on Health Care[a]

Although the majority chapter on health care makes some important observations and offers many thought provoking ideas, nine commissioners[b] continue to have some fundamental disagreements on the majority chapter's key recommendations. Consequently, this minority chapter is offered as a constructive alternative to the preceding majority health chapter.

Overview of the Current Health Reform Debate

Given the complexity of the health care system, the range of conflicting interests involved, and the diversity of views on health care reform, it is little wonder that building consensus around any one set of proposals has proven to be very difficult. Indeed, we as a nation seem to lack agreement on such fundamental questions as:

- What goals do we as a society have for our health care system, and are they reasonable?
- What is the proper role of the patient, the provider, the insurer, the taxpayer, and the government in health care?
- What is the nature of the current system's problems?

As the Secretary of the U.S. Department of Health and Human Services, Dr. Louis Sullivan, has stated: "... we must listen to and learn from the American people about what they want, who is going to pay and how much. It is interesting that experts have found that support for health care reform dwindles as the public's understanding increases about the price tag for the change."

At the heart of this debate are sincere concerns about preserving the quality, choice and access enjoyed by the majority of our citizens. Indeed, there is little doubt that our current system provides exceptional medical care for the vast majority of Americans. We as a nation have the greatest biomedical research capacity anywhere, a steady supply of brilliant medical talent, a constantly innovating technology, and, of course, a nationwide system of hospitals and other health-care facilities which, however stressed, are a bedrock of security for the injured and ill of our country. Few would want to sacrifice these strengths for something that would provide less quality services, less choice, or less access to high quality care.

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[a] This minority chapter was prepared and submitted after the final meeting of the National Commission on Children on May 1, 1991. It has not been reviewed and discussed by the full Commission, nor has it received the same careful independent factual and editorial reviews as the chapters of the report.

[b] The following commissioners prepared and submitted this minority chapter on health care: Allan Carlson, Hon. Theresa H. Esposito, Adele Hall, Wade F. Horn, Ph.D., Hon. Kay C. James, A. Louise Oliver, Gerald (Jerry) P. Regier, Hon. Nancy Risque Rohrbach, Josephine (Josey) Velazquez.

But most Americans also believe that we already spend too much on health care. Therefore, the key to improving health care is not necessarily to spend more money, but rather to spend our money more efficiently and wisely. In fact, there is considerable evidence that our health care delivery system is far from efficient. Defensive medicine, liability costs, ineffective treatment procedures, unnecessary duplication and paperwork all serve to drive up health care costs without offering improvements in the quality of care. At the same time, we must pay attention to the underlying causes of ill health for families and children, not all of which relate directly to inadequate access to health care, but rather to unhealthy behaviors and lifestyles. Whatever we do, we must be careful that if we propose to spend more money, we do not require ever increasing amounts from the family budget while purchasing little in the way of either greater access to care or better health.

Health Principles

Given the importance of consensus building, we offer the following underlying principles which should guide our efforts to improve the health status of our nation's families and children.

- Individuals must assume responsibility for their health, and any reform must have prevention as its key goal.
- The family unit is the principal health educator, and single parenthood creates significant risks for children's health.
- All people should be able to obtain necessary health care through a private-public partnership.
- Health care delivery and financing schemes should constrain the rate of growth in health care expenditures.
- Any health care reform design should promote innovation, not adversely affect economic growth and stability, and promote the delivery of high-quality, cost-effective care.

Protecting Children's Health

Personal Responsibility

Health care reform must begin with a discussion of individual responsibility — an individual's responsibility for his or her own health, and in the case of parents, their responsibility for the health of their children. When testifying before the Commission, Secretary Sullivan renewed his call for a new "culture of character," and stated the importance that the family plays in the nurture, support, and development of children. Indeed, the family is the first place in which each of us develops attitudes toward good health. Decisions as simple as the routine use of auto safety belts can have profound influences on growing children. They not only protect the children physically, they also communicate a value — the value of children's lives and safety.

Children must learn that being a person of character requires personal responsibility. In turn, responsibility is a necessary prerequisite for maintaining good health. Indeed, according to Secretary Sullivan, poor diet alone is related to five of the ten leading causes of death in the United States. In addition, two-thirds of all cases of chronic disability, and 40 to 70 percent of all premature deaths could be prevented through easily accessible personal action.[1]

Any public health policy must give adequate weight to the individual's responsibility for his or her own health. In this context, individual responsibility, rather than government programs, must be emphasized when discussing an array of health concerns, including preventable diseases, infant mortality, low birthweight, prenatal care, and adequate nutrition. In fact, there is a growing consensus that government programs can only assuage the consequences of unhealthy families after the fact.

Preventable Diseases. Recent reports point to a declining number of children who are being routinely vaccinated against a variety of childhood diseases. Some observers cite federal cutbacks as the primary reason for failure to vaccinate young children. But it is at least as likely that in taking responsibility for these decisions away from parents, public health officials have unintentionally diminished the need for parents to act responsibly. Indeed, a part of any culture of character should be a "culture of competence." Well-intended plans that reduce parents' primary responsibility for the immunization of their children may unintentionally undermine the culture of competence, and discourage individual initiative and healthful behaviors.

However, when parents fail to fulfill their responsibilities, we recognize the need for outside assistance to ensure that their children are immunized. In addition, no American child should go without needed immunizations because of poverty or such barriers as language or transportation.

A national policy that is "family friendly" will reach out to voluntary associations and mediating institutions for creative and effective responses to a variety of family health issues. The maintenance of up-to-date shot records on each family member should be as important a part of family life as any other group activity. Only when we recognize that the beginning of a healthy lifestyle rests with individual decision-making can we effectively promote a healthier America for the year 2000.

Infant Mortality and Low Birthweight. Forty thousand infants are lost annually in the struggle for infant survival. Not usually highlighted is one of the primary causes: unwed parenthood. Unwed teenage girls are twice as likely to have a low birthweight baby, contributing to a death rate for their babies 1.5 times higher than for babies whose mothers are over twenty. Nonmarital teenage pregnancy must become a target in the fight against infant mortality.

The magnitude of the problem is nowhere more evident than in the African-American community where 63.5 percent of the babies are being born to unwed mothers, of whom a large number are teenagers. Black children, who are twice as likely to die as an infant, are also twice as likely to have a single, teenage mother.

The importance of the parents' marital status to a baby's health is largely overlooked — race and poverty are commonly blamed for poor infant health and mortality. In fact, a teenage mother who is unmarried and white is more likely to have a low birthweight baby than a teenage mother who is married and black. Furthermore, babies born to unmarried, college-educated women die in greater proportions than the babies of married, grade-school dropouts. After looking at these data, columnist Stephen Chapman of the *Chicago Tribune* made the following observation:

> These gaping differences don't arise because a marriage license miraculously confers disease-fighting antibodies on children not yet conceived. They arise because the sort of people who will produce babies without first bothering to create a genuine family and home are rarely the sort of people who will take great pains to safeguard their physical health.[2]

Not only does infant mortality in general run higher among children born to unmarried mothers than among children born to married mothers, but so too does the incidence of Sudden Infant Death Syndrome.[3] Furthermore, compared to unmarried mothers, married mothers are much more likely to breast-feed their infants, which enhances good physical and emotional health in children.[4]

Adequate Nutrition. Too often, too much emphasis is placed on the role of inadequate nutrition on low birth-weight babies. Low birth-weight births in the United States are much more frequently due to other adult behaviors, such as drug abuse, smoking, and stress. Indeed, Dr. George E. Graham, a noted nutrition and pediatrics professor at Johns Hopkins University, has recently written:

> Studies of whites, blacks and Puerto Ricans all suggest that low birthweight births and very-low-birthweight births in the U.S. correlate strongly with behavior, not nutrition, and especially with smoking, drug abuse (particularly the abuse of crack and other forms of cocaine), previous abortions, stress and infections of the genital tract and of the membranes surrounding the unborn baby, which often result from sexual promiscuity.[5]

His conclusion is that since low-birth-weight infants in the United States do not result primarily from undernutrition, they cannot have nutritional solutions. ***Therefore, we recommend that problems resulting from malnutrition be addressed by combating the climate of violence, drugs and promiscuous sexual activity instead of simply increasing funding for the Special Supplemental Food Program for Women, Infants and Children (WIC).***

Health as a Family Responsibility

Family health is the key to child health. Health is established, developed, and maintained in families, beginning in utero. Where families provide for the economic security of children, where parents provide consistent, common sense role models in personal health care, and where community services — born of the active contributions of parents to community life — exist to supplement parents in their role as the primary protectors of child well-being, the health of young people is reasonably assured. Although children and adolescents have particular health needs peculiar to their life stage, better-than-average health is the regular standard and reasonable expectation of this age group.

Parental presence and involvement are critical for child health and for preventing and meeting the daily risks and occasional crises that face the vast majority of families in modern society.[6] As Secretary of Health and Human Services Louis Sullivan has remarked, "[S]ome of our nation's most urgent problems, ranging from infant mortality, to drug abuse, to AIDS, to teen pregnancy, to the disproportionately poor health and excess mortality afflicting the children of our minority citizens...arise *precisely* [emphasis in original] from an *erosion* of basic values, and the collapse of the institutions that teach them, like family and community."[7] Rather than supplant the family (which will not work) or ignore its struggles (which will only deepen its generation-to-generation decline), public policy should support the restoration of the family by empowering the parents who shape children's lives and provide their first, and best, line of defense against poor health and unhealthy behaviors.

"Government programs cannot fully substitute for healthy families and should not even try," Kamarck and Galston have written.[8] In health policy, as in education and in child-rearing generally, public policy should move toward policies "that reinforce families and away from bureaucratic approaches that seek to replace family functions."[9] Government intervention in adolescent health care that substitutes for parents, undermines their prerogatives, or weakens their attachment to their duties, whether from a financial or decision-making standpoint, must be resisted, both as contrary to our society's understanding of its moral responsibility to families with children and to our society's practical experience with "solutions" that have only exacerbated the family problems they were designed to cure.

Family Structure and Children's Health. It is becoming increasingly evident just how profoundly family life affects children's health. Indeed, in many cases the effects of home life overshadow the availability of medical care in importance. The protective effects of family life may be seen even among infants. A remarkable link between elevated infant mortality and illegitimate birth has been documented for all classes and for both blacks and whites.[10] Even after infancy, children continue to enjoy health advantages if they live with married parents rather than in a single-parent household. On average, children living with both parents are healthier, both physically and mentally, than children living in one-parent homes.[11] And adolescents living in single-parent households are more likely to endanger their health through the use of tobacco, alcohol, or drugs than adolescents living with both parents.[12]

Children who have grown up in a single-parent household often perpetuate a pattern of domestic life that will put their health at risk in adulthood. Compared to peers reared in intact families, adults reared in one-parent families are significantly more likely to divorce their spouses and to live as a single parent.[13] In addition, intact marriages foster better physical and emotional health for both men and women than is seen among unmarried adult peers.[14] While it is true that children in single-parent households are less likely to be covered by private health insurance than children in intact families, enhanced medical care would not eliminate all of the health risks to which children in single-parent homes are especially vulnerable. In a recent study at Stanford University, researchers found that children of Mexican-American parents were significantly healthier than children of mainland Puerto-Rican parents, even though the Puerto-Rican parents were no poorer and in fact enjoyed substantial advantages in medical care. But Mexican-American children were much more likely than mainland Puerto-Rican children to live in two-parent households.[15] This pattern deserves thoughtful attention from all those who suppose that the health of American children can be improved by devoting greater resources to public health programs.

Parental Involvement. For the greater portion of U.S. history, government has exercised authority over children in families via a series of nuanced and carefully balanced powers delegated by parents themselves. In the past few decades, however, adopting a paradigm of social or public health imperatives — to reduce venereal disease or address teenage pregnancy — public agencies have joined forces with civil libertarian organizations to expand the array of adult contact with minors absent parental authority or knowledge.

Recognition appears to be growing, however, that the emancipation of minors that has steadily occurred over the past two decades has not led to demonstrably favorable outcomes. The broadening of adolescents' independent access to counseling and medical services related to adolescent sexual activity has coincided with dramatic increases in adolescent sexual activity; increases in teenage pregnancy; and resurgent increases in both sexually transmitted diseases (STDs) and out-of-wedlock adolescent childbearing.[16]

On the other hand, parental notification laws may in fact help foster parent-child communication and more sober consideration by the young of the consequences of sexual activity. Researchers have shown that parents typically react less negatively to an adolescent pregnancy than the adolescent expects. [17] Parental involvement can correct this and other erroneous perceptions adolescents may maintain as they approach difficult decisions in this life stage.

Federal policies and programs that weaken parental authority, and replace the balances struck by the several States on questions of parental authority/adolescent maturity with a uniform, and demonstrably ineffective, national standard, should be reformed. For the next phase of family-strengthening and child-protective policymaking, parental involvement should become once again the norm, not the exception. This is particularly important as public policy advocates experiment with programs without a record of proven effectiveness, such as School-Based Clinics (SBCs) and Community-Based Clinics.

Thus, we recommend that all programs and services for children and youth ensure that they involve parents and respect their values, taking care not to undermine parents' authority or to diminish their important role and influence in adolescent decision making.

Sexuality Education. One of the significant health risk factors is adolescent sexual activity. According to the Centers for Disease Control, adolescents and young adults have the highest risk of contracting a sexually transmitted disease (STD) with 63% of STDs occurring in the under 25 age bracket.[18] Tragically, with the advent of AIDS the issue of adolescent sexual activity has also become one of life and death. In fact, a recent study reported that 1 in 500 college students tested positive for the HIV virus.

There are some who recommend that the solution to this problem is increased funding for contraceptive services for teenagers. However, as reported by Marion Howard and Judith Blamey McCabe in *Family Planning Perspectives*, knowledge-based educational efforts with teenagers about sexuality and contraception do not result in increased contraceptive use.[19] Indeed, the contraceptive approach is even ineffective in combatting unwed teenage pregnancies because of the high failure rate: one-third of teenage pregnancies occur while a contraceptive is being used.

One alternative to the contraceptive approach for preventing the spread of STDs as well as unwed teenage pregnancies is abstinence education. As Virginia Governor Douglas Wilder recently wrote,

> But as common sense tells us, there are precautions to be taken by the young and the unmarried, especially for those who know that they are not remotely close to being ready for the unending responsibilities of parenthood. If they want to have a future, it is imperative that our young, male and female alike embrace the ultimate precaution — abstinence.[20]

Thus, as a health issue, we recommend increased support for abstinence education as a means of reducing the spread of STDs and AIDS, as well as the rate of unwed teenage pregnancies.

Health as a Community Responsibility

The media and other community resources also have a major influence in reinforcing the sense of responsibility one must take for one's own health, as well as respect for the preeminence of the family in fostering the development of healthy children. As such, ***we also recommend that the media and other community organizations take seriously their role in promoting healthy behaviors on the part of parents and children, and do nothing to either glamorize or reinforce unhealthy lifestyles, such as the use of drugs, sexual promiscuity, smoking, and unhealthy dietary habits.***

Providing Health Care for Children

We share with the majority chapter on health care the goal of universal access to affordable health care for pregnant women and children, indeed for all Americans. But the majority chapter on health care, which proposes levying new taxes and more government interference in the market, will, we believe, lead us not to better health care for all, but to skyrocketing health costs, and health care of poorer quality.

The majority proposal calls for a new payroll tax for employers in order to finance a new public insurance program for pregnant women and children. We believe that such a proposal would be inflationary and would actually lead to a decrease in the quality of health care in America.

The majority proposal also recommends mandating that employers provide health insurance to pregnant employees and non-working spouses of employees and their dependent children. Employers would be required to either purchase the specified coverage on their own or to contribute to a government program for insuring their workers. Even though the proposal includes an undefined tax subsidy to offset the small employer's share of health insurance premium costs, it would still have a dramatic impact on small businesses and would likely lead to a substantial number of people losing their jobs.

Finally, the majority proposal calls for regulation of the entire health care system — from setting provider payments rates to defining the basic set of benefits all insurers, both private and public, must provide. At the same time, the proposal contains no cost-containment provisions other than minor cost-sharing and some encouragement of managed care. Thus, this proposal provides virtually unlimited coverage of services with no effective cost containment provisions. We believe that health care costs would skyrocket as a result.

Because of these concerns, we can not endorse the majority chapter on health. Consequently, we offer the following as an alternative view of health care reform.

Expanding Workplace Insurance. Most American workers (80 percent to 85 percent) and their dependents currently receive health insurance coverage through the workplace. It is sometimes assumed that the absence of universal employer-sponsored coverage is due to simple negligence or a desire to "free-load" on the part of some employers. Those who hold this assumption often are attracted to "play or pay" health insurance proposals under which "negligent" employers are forced to provide coverage themselves or to fund the cost of publicly administered coverage for their uninsured workers and dependents. Under such "play of pay" proposals, employers would be required to either buy coverage in the private market or contribute to a new public plan. The contribution is often described as a set percentage of payroll, but what it really amounts to is a payroll tax. For example, a Massachusetts "play or pay" plan enacted in 1988 contains a 12 percent tax on the first $14,000 of each worker's wages.

However, we believe the real reason most uninsured Americans, including pregnant women and children, lack health care coverage is simply that they and/or their employers have been priced out of the market. The costs of health care and health insurance continue to escalate for a number of reasons, including the substantial, hidden administrative costs imposed by government regulation of employee benefits plans.

Regardless of whether employers comply with the mandate by buying insurance privately or by paying the payroll tax to cover their workers under the new public program, the effect would be the same. Low-wage workers — the same ones most likely to lack health insurance — would lose jobs or see their wages reduced. Although the magnitude of the job loss is difficult to determine, John F. Cogan, a labor economist and former Deputy Director of OMB, estimates that if the "play or pay" plan endorsed by a majority of Commissioners on the U.S. Bipartisan Commission on Comprehensive Health Care were put into effect between 500,000 and 1.4 million workers would lose their jobs. [21] There is the very real possibility that these families might consider a job to be more valuable than a federal government health plan.

Such "play or pay" plans might also create a perverse incentive on businesses currently providing health insurance to drop coverage for some or all of their workers and to dump them onto the public plan. The lower the payroll tax, the greater the number of workers who will be dumped onto the public plan. The higher the tax, the fewer workers will be dumped, but those will be the workers who are most expensive to insure. It will never be in the interest of employers to pay the tax for workers who cost less to insure than the amount of the tax. Thus, at every tax rate the cost of insuring those workers dumped on the public plan will exceed the revenues raised by the tax to fund their insurance, and the program will always operate at a deficit.

The only exception would be if the tax rate were set so high that it exceeded the costs of insuring even the most expensive individuals, in which case employers will choose to insure all workers and their dependents privately. But of course the higher the tax rate, the greater the job losses or the lower the wages.

In addition, any mandate would give employers strong incentives to dump costly workers and their families on to the public program or to avoid hiring workers with families. One recommended solution is to require that insurers and employers do not discriminate against workers with families and that market practices do not provide employers with incentives to force children and pregnant women into the public program. Such an approach, though, conjures up visions of anti-discrimination legislation that would potentially surpass in scope, complexity and cost any existing law.

Cost Shifting. Eliminating current health care cost shifting in which the cost of treating uninsured patients is added to medical bills paid by insured patients is not, contrary to the arguments of some large businesses, a valid reason for adopting a "play or pay" system.

If employers themselves paid for health insurance, there might be some justification to this argument. But they do not — employees pay for health insurance. Employee compensation equals cash wages, plus both cash and non-cash fringe benefits, plus payroll taxes paid by employers. Employees with tax-free employer sponsored health benefits generally earn more than workers without such benefits. They also receive enormous tax subsidies for those benefits, which dramatically lowers the net cost of their health insurance and medical care. In contrast, Americans without employer sponsored health insurance receive little, or as is most often the case, no tax subsidy to defray the cost of purchasing health insurance or medical care. Thus, despite the clear problems and inefficiencies of a system in which those with employer-provided health benefits cross-subsidize those without such benefits, in reality it is a far more progressive "solution" than imposing an added payroll tax on the uninsured, which would drastically cut the cash wages of these lower-paid workers or eliminate their jobs entirely.

Minimum Benefits. We are also concerned about proposals for government to mandate a minimum health care benefits package for women and children. By legislating an arbitrary minimum benefits package and an equally arbitrary tax they must pay if they fail to provide those benefits, the government would force firms that have kept their health care costs under the tax level to make up the difference or drop their coverage. Similarly, firms whose benefit plans didn't meet the new requirements would be forced to enrich their plans. Thus the system would punish the firms that have done the best job in controlling costs, and have an overall inflationary impact.

A federally defined minimum benefits package would create other problems as well. Such lists easily become overly comprehensive and expensive. The most accurate definition of "minimum" benefits would be coverage for major illnesses involving catastrophic expenses. Such protection is what consumers need most, and because such occurrences are relatively rare, it is much less costly to insure against them, than to insure against a much greater volume of routine, predictable, lower-cost services. More comprehensive mandated "minimum" benefits packages also strike us as an unwarranted intrusion into the free market, stifling choice and freedom, without any proof that the system will become more efficient or provide greater access.

Mandating any minimum benefit package on employers would result in enormous constituency pressure on Congress to add more and more services under the mandated minimum benefit package, and to reduce its cost-sharing requirements on beneficiaries. This pressure would come from consumers desiring more "free" or "lower cost" services. But pressure would also come from providers initially excluded from the system. Having the government require people to buy your services is a great way to guarantee your income.

It would be very difficult indeed for Congress to resist this pressure. State legislators have already done so, enacting over 800 laws in the past fifteen years requiring insurers to cover specific providers or services — even when consumers expressed little or no interest in the benefits. The political and economic problem of state insurance mandates, which artificially increase the cost of insurance and medical care, would simply be transferred to the federal level.

The Nature and Limits of Health Insurance. Proposals to expand health care coverage sometimes make the mistake of viewing health insurance as an end in itself rather than as a means of health care financing. This mistake is commonly made by those who see the solution to America's health care problems as expanding access to health insurance, whether through employer mandates, sweeping regulation of the health insurance industry, or the creation of a universal national health insurance system. In reality, health insurance is a means of financing medical care. In some circumstances it is an economically efficient, and thus superior means. In other circumstances it is an inefficient means, and thus inferior to purchasing goods and services directly.

Any insurance premium is based on a calculation of the probability of an event occurring and the potential liability should the event occur. In some cases it is possible to buy insurance against a potentially very large loss for a small premium because it is extremely unlikely the event will occur. Conversely, in other cases an event occurs so frequently that, while the individual losses involved may be small, insurance to cover the event would be quite expensive.

In the case of health care, there are wide variations in the risk of incurring numerous different illnesses and in the cost of numerous different medical treatments. While in many instances health insurance is a desirable and efficient means of paying for medical costs, it is not the best means in every circumstance.

Trying to create a private or government health insurance system that funds inexpensive and routine goods and services, or charges premiums unrelated to true costs and true risks, will always generate a host of problems and inequities, including: misallocation of health care resources, overutilization and over-pricing of services, inefficient cross subsidies, risk avoidance by insurers and adverse selection by employers. Some or all of these problems can be found not only in the present US health system, but also in all the different nationalized systems abroad, and would be exacerbated by the majority's recommendations. Such government policies are motivated by the noble goal of preventing the poor or sick from being denied medical care or becoming disproportionately burdened with its costs. But more often than not they create new inequalities. As any patient on a waiting list for needed medical care in a national health system can attest, access to health insurance does not guarantee access to treatment.

Meeting the Needs of the Underserved

It is of great concern to us that there remain some Americans who are underserved either because they live in areas where there is little health care available, or because they can not afford the care that does exist. However, mandated insurance benefits and more government regulation will not, in our view, make health care more accessible. Rather, such recommendations will only serve to increase costs and derail the many important recent attempts made by the Administration and Congress to increase access to health care for the underserved — especially for pregnant women and children. Consider a few examples:

- ***Medicaid.*** In recent years, significant changes in Medicaid have expanded eligibility and services for pregnant women and children, especially for low-income women and children who, for various reasons, are ineligible for assistance under the AFDC program. OBRA 90 includes a provision to phase-in coverage of children through age 18 in families below 100 percent of the poverty level. Thus, by the year 2002, there will be no children living in poverty who do not have access to health care through Medicaid. In addition, HHS Secretary Louis Sullivan has established a goal for each state that, by 1995, 80 percent of all Medicaid enrolled children must have an annual health screen.
- ***Healthy Start.*** Healthy Start is a new Presidential Initiative to reduce infant mortality by 50 percent in approximately 10 high risk communities. This is a 5 year initiative, with $171 million available through FY 1992. Healthy Start is unique because it devotes unprecedented levels of resources to this effort, endorses spending flexibility on the part of communities, and empowers communities to create a mix of services tailored to each community's unique needs. Under Healthy Start, communities will direct resources for a full spectrum of services under one community-based authority.
- ***Immunization.*** While immunization levels of all children entering school remain at record highs of over 97 percent, outbreaks of childhood diseases, such as measles, still exist, particularly among preschool, inner-city children. This has led the public health community to increase several immunization requirements and to focus efforts on removing barriers hindering timely immunization. Specifically, the Centers for Disease Control (CDC) is expanding infant outreach demonstrations to better coordinate immunization services with other low-income assistance programs; establishing a team of experts to assist communities in identifying and eliminating existing barriers to the delivery of immunization services; and continuing the purchase of about 21 million doses of routine childhood vaccine.

We commend these recent efforts to expand health care to the underserved, and recommend that these efforts be carefully monitored and evaluated in order to determine more precisely the best ways of enhancing access for the underserved.

Alternative Reform Efforts

Although we view these recent efforts to expand access to health care as positive developments, we believe nonetheless that additional measures may have to be taken to completely solve access to health care problems. ***We recommend that any additional health care reform must contain the following three basic elements:***

1) Empowering consumers, including low-income individuals and families, by giving them direct control over the funds used to purchase their medical care and health insurance, and thus the incentives to seek the best value for money when buying those services.

2) Eliminating government-induced distortions in the health care delivery and financing system in order to generate greater efficiency by stimulating enhanced competition among providers and insurers, and thus giving them incentives to offer better value for money to consumers.

3) Restructuring tax subsidies and government programs to achieve social equity by targeting the benefits of those subsidies and programs to the individuals and families who need them most.

There are several promising reform efforts being offered by members of Congress, private associations and research centers which provide alternatives to the recommendations contained in the majority chapter on health care. Two particularly noteworthy alternatives which appear to be consistent with the above three principles are those involving small market reform, and tax credits and vouchers.

Small Market Reform. Small businesses are having great difficulty in purchasing health insurance for their employees. The Health Insurance Association of America has said "It is very clear that the (small) market is increasingly becoming dysfunctional [and] there's a perceived need to stabilize the market." The importance of the small business market cannot be overstated: about 1/3 of the uninsured are either workers, or dependents of workers, in businesses with fewer than 25 employees.

Organizations such as the Health Insurance Association of America and Blue Cross/Blue Shield have presented proposals that would expand health care coverage through changes in availability of reliable private health insurance in the small employer market. We believe these proposals merit the continued attention of health care experts as they search for ways to improve access to health care.

Tax Credits and Vouchers. The American Enterprise Institute and the Heritage Foundation have proposed measures to provide reimbursable tax credits and vouchers to allow individuals to purchase needed health care. These ideas focus on putting power over health care coverage choice in the hands of consumers, rather than bureaucracies, and hence deserve serious consideration in the debate over health care reform.

Liability Law as a Contributor to Health Care Costs

Unfortunately, access to health care is not the only problem facing our nation's health care system. A second, and perhaps greater, problem is escalating health care costs. One of the major contributors to escalating health care costs is the problem of legal liability, and especially malpractice insurance and products liability as applied to medicines. At present, malpractice law makes doctors virtual insurers of their services, without regard to actual wrongdoing on their part. It is impossible for them to contract away from this obligation: a no-liability agreement between a doctor and a patient is regarded by the courts as having been made under "duress," and hence unenforceable. This is a significant factor leading to the fact that many rural areas in this country have no obstetrical/gynecological specialists at all: practitioners cannot afford the malpractice insurance.

The purpose of transferring liability to practitioners as a matter of law is, of course, to protect patients, who will be tempted to contract away their rights in exchange for lower-cost health services. But in the process, we may also have destroyed people's access to low-cost health services. Perhaps the time has come to reexamine the balance between reliability and availability.

Analogous problems afflict the production of medicine: products liability law makes manufacturers liable for the ill effects of their products, regardless of care taken by the manufacturer or unforeseeability of the harm. While this rule may have done a lot to keep dangerous "patent medicines" off the market, it has also deterred research and production of valuable new products.

Consequently, any comprehensive plan for improving access to affordable health care must include a discussion of malpractice insurance reform. Although the discussion of specific recommendations in this area exceeds the expertise of the undersigned Commissioners, among the possibilities for reform are damage award ceilings and limited tort immunities.

Conclusion

In summary, we believe there will never be genuine health care reform until we first tackle the fundamental issues of disagreement, and ground our discussion on some basic principles upon which Americans can agree. Furthermore, we believe that the financing of health care in the United States will only be truly reformed by empowering consumers and permitting undistorted markets to function in medical care and insurance, and by restructuring existing tax subsidies and public programs to target those who are in greatest need.

But as important as financing issues are in improving the health of our nation's families and children, we believe that the weakening of the structure of the American family may be an even greater threat to the health of children. Whether directly through the physical and psychological health consequences that flow from an erosion of time and attention from mother and father, or indirectly through the diminished economic well-being that flows from family dissolution or a failure of families to form, children are at risk today because families are under stress. Solving the health problems of children will be an expensive, upwardly spiraling, and potentially fruitless quest for government if it fails at the same time to restore societal expectations for and support of the two-parent marital norm.

The undersigned commissioners strongly endorse these views not only as the best reflection of the natural and historic role of families, but as the surest practical route, reinforced by recent experience, to preserve the health of children from emotional harm and physical injury.

This Minority Health Chapter is endorsed by:

Allan Carlson
Hon. Theresa H. Esposito
Adele Hall
Wade F. Horn, Ph.D.
Hon. Kay C. James
A. Louise Oliver
Gerald (Jerry) P. Regier
Hon. Nancy Risque Rohrbach
Josephine (Josey) Velazquez

The important thing is not so much that every child should be taught, as that every child should be given the wish to learn.

—JOHN LUBBOCK
English Naturalist

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CHAPTER SEVEN

Increasing Educational Achievement

Every child in America needs an excellent education — because global competition demands a highly skilled and knowledgeable work force, because democracy in the modern era depends on a thoughtful and well-educated citizenry, and because knowledge and a love of learning are among the most precious gifts society can give to children. For all these reasons, every child must enter school ready to learn, every school must be able to meet the needs of its students, and every American must value education and impart that value to children.

In recent decades, as work and daily life in the United States have become more complex and demanding, education has become a prerequisite for economic self-sufficiency, personal growth and development, and responsible citizenship. As a nation, we look to schools to teach not only basic skills and knowledge, but a more sophisticated way of thinking, communicating, and solving problems. We also expect schools to cultivate in students an understanding of the arts and humanities and to instill in young people an appreciation of the nation's heritage and democratic principles. Finally, we increasingly rely on schools to ensure that young people have the life skills and attitudes necessary for success in the workplace. These benefits can no longer be limited to a well-educated elite. They are absolute necessities for every American.

Despite more than a decade of education reform and a 70 percent increase in per-student spending in the last 20 years,[1] America remains "a nation at risk",[2] with an educational system still unable to meet the demands placed on it. A great deal remains to be done to restructure the nation's schools and improve student performance. But schools cannot do the job alone, nor should they bear sole responsibility for education. Parents, community institutions, employers, the media, and especially students themselves must be partners in the business of learning.

The great majority of U.S. students attend public schools. A small but significant minority attend independent and parochial schools that their parents choose because of the educational programs these institutions offer and the norms and values they foster. Regardless of whether they attend public or private schools, however, all children in America deserve and should receive an excellent education.

The National Commission on Children therefore recommends five related strategies:

- First, children must be born healthy and have access to high-quality early childhood experiences during their first five years so that they start school ready to learn.
- Second, all schools must reach basic standards of excellence through adoption of a rigorous and challenging curriculum, fundamental restructuring to achieve school-based management, creation of accountability measures and means of recruiting and retaining skilled teachers and effective principals, improvements in the school environment, and equitable financing across school districts.
- Third, an important aspect of school restructuring is school choice. While choice is not an end in itself nor a substitute for high quality, it can be effective in promoting many of the necessary improvements in schools.
- Fourth, schools and communities should create multidisciplinary initiatives to help children with serious and multiple needs reach their academic potential.
- Fifth, parents, communities, employers, and the media should take mutually reinforcing steps to emphasize to young people the personal

rewards and long-term benefits of high academic and intellectual achievement, hard work, and perseverance.

None of these approaches alone is sufficient. They must be part of an integrated, comprehensive reform package to improve the educational prospects of all of America's children.

You can't just go to class and leave. You have to get involved...We learn stuff you can't get out of a classroom, out of books. We learn about life in school. Education encompasses more than just math and science. It's how to work and how to live.

— RICH DAVEY
High School Student,
Randolph, Massachusetts

Signs of Trouble

Although American students' performance in reading, math, and science has improved somewhat in recent years, it still lags behind that of students in many other developed and developing nations. Far too many young people in the United States drop out of school. Even among those who complete high school, many lack the basic skills and knowledge needed to get a job. These indicators of poor educational performance are clear and compelling signs of serious trouble ahead for individual students and the nation as a whole.

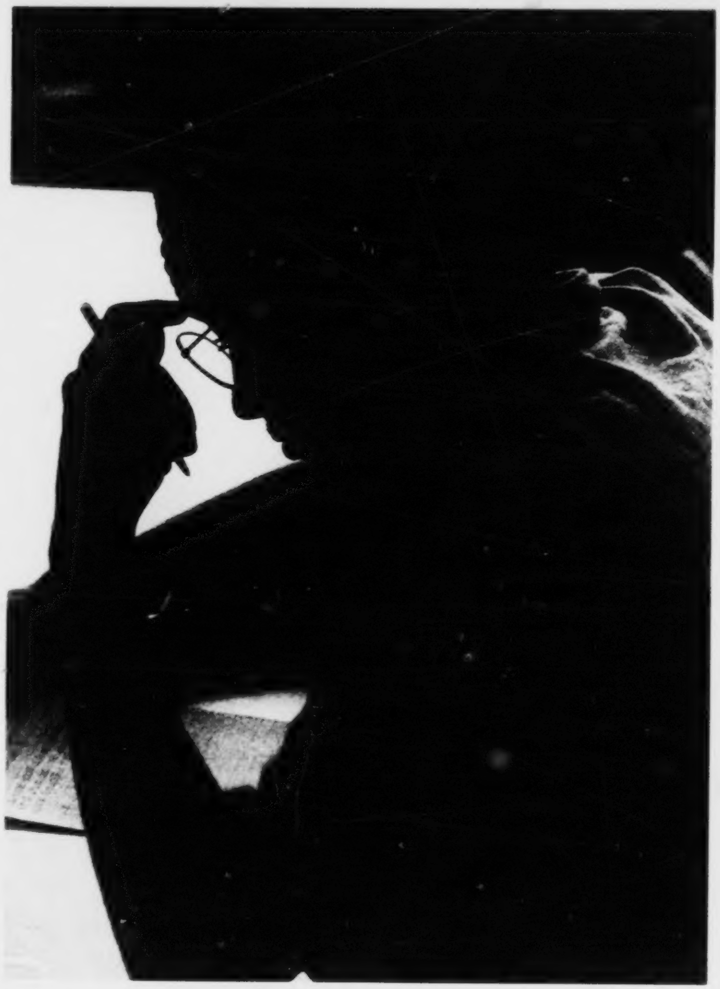
Domestic Measures of Proficiency

In recent national assessments, American students performed poorly on reading, mathematics, science, and writing tests. Fewer than half of American 17-year-olds who are in school possess the skills and basic knowledge required for college and many entry-level jobs.[3] Similarly, fewer than half can understand complicated literary and informal passages that are typical of high school work[4] or can evaluate the results or procedures of a scientific study.[5] Only 59 percent can compute with decimals, fractions, and percents or solve simple equations.[6] Many are so limited in their command of written English that they are unable to communicate a reasoned point of view.[7]

International Comparisons

Assessments of 20 school systems around the world rank American eighth graders 10th in arithmetic, 12th in algebra, and 16th in geometry. Even America's top students fare poorly in international comparisons: among the top 1 percent of high school seniors, American students ranked last.[8]

Achievement in science is no better. Among 10-year-olds in 15 countries, Americans rank eighth. Among 14-year-olds in 17 countries, Americans tie with children in Singapore and Thailand for 14th place. Among advanced science students in 12 nations, Americans are 11th in chemistry, 9th in physics, and last in biology.[9]



Grade Retention

Many American students, especially minority students, have been held back one or more years, heightening their risk of dropping out of school.[10] Among 13-year-old black students in the mid-1980s, 33 percent of girls and 44 percent of boys were one or more years behind expected grade level. Among Hispanic youth, 35 percent of girls and 40 percent of boys had been held back one or more years in school. In contrast, only 22 percent of white girls and 33 percent of white boys had been held back.[11]

Dropout Rates

Almost 30 percent of ninth graders in the United States do not graduate four years later.[12] Among young people age 16 through 24, 12.6 percent, about 4 million, have not completed high school and are not currently enrolled in school.[13] Dropout rates vary by race and ethnicity — 12 percent of white, 14 percent of black, and 33 percent of Hispanic 16- to 24-year-olds have dropped out of high school.[14] Dropout rates are particularly pronounced in many of the nation's major cities: for example, Chicago's dropout rate in recent years was approximately 40 percent, while Detroit's was nearly as high.[15]

High School and College Completion Rates

Many adults who failed to complete high school in their youth ultimately earn a diploma or equivalency degree. In 1989 72 percent of 18- to 19-year-olds, 83 percent of 20- to 21-year-olds, and 87 percent of 25- to 34-year-olds had completed high school.[16]

In 1988 nearly a quarter of all 25- to 29-year-olds had completed four or more years of college. But the percentage of students completing college varied significantly by race, as did the rate at which they graduated during the 1980s. Among whites, college graduation rates held relatively steady at about 23 to 24 percent; among blacks and other minority groups, they increased from 15 percent in 1980 to 18 percent in 1989.[17]

What will happen to the crime rate, the tax base, the city's culture unless we do something to help ensure that we produce educated and trained young adults who can play a meaningful role in our society?

— WILLIAM S. WOODSIDE
Chairman,
Sky Chefs, Inc.,
New York, New York

Labor Force Preparedness

Poor academic performance and failure to complete high school have resulted in a growing disparity between the qualifications of today's students and the educational and skill requirements of jobs that will be available in tomorrow's economy. Millions of new workers have neither basic competence in reading, writing, and mathematics nor the ability to solve problems, reason, and communicate effectively. Of at least equal concern are reports from employers that they have trouble finding employees with a strong work ethic and the personal qualities, such as reliability and a good attitude, that are essential to success in the workplace.[18]

Many of the jobs in today's and tomorrow's economy will require moderate to high levels of education and skill. Occupations requiring significant education — professionals, technicians, and managers — will grow the fastest between now and the start of the new century, while jobs requiring less skill — operatives, laborers, service workers, and sales clerks — will account for much less growth. College will be a prerequisite for one-third to two-thirds of new jobs by the year 2000.[19]

The Future of Social Security

As the proportion of children in the U.S. population declines and the number and proportion of older people rises, there will be a decreasing number of workers to support each retiree. In 1950, 16 workers contributed to Social Security pensions for each retiree. In 1960, this ratio had decreased to 5 to 1. By the year 2020, the number of workers supporting each retiree will decline further, to approximately 2.2 to 1.[20]

The nation can no longer ignore the warning signs nor avoid the consequences of a failed educational system. Our future economic, political, and cultural well-being requires that every child receive a first-rate education and that special efforts be made to reach the growing number of children at risk of failure in school.

Children at Risk of Failure in School

Several factors place a child at educational risk in the United States: being poor, belonging to a racial or ethnic minority, having limited proficiency in

English, being raised in a single-parent family or by poorly educated parents, or having a disabling condition. At least 40 percent of American children are affected by one or more of these factors.[21] While any one of them can cause a student to experience problems in school, often they are interrelated. A child raised by a single mother, for example, is likely to be poor. If the mother began her childbearing as a teenager, she is likely to have done poorly in school herself and to have fewer years of education than those who delayed their childbearing until their twenties. This multiplicity of risk factors compounds a child's chances of performing poorly in school.

Poverty

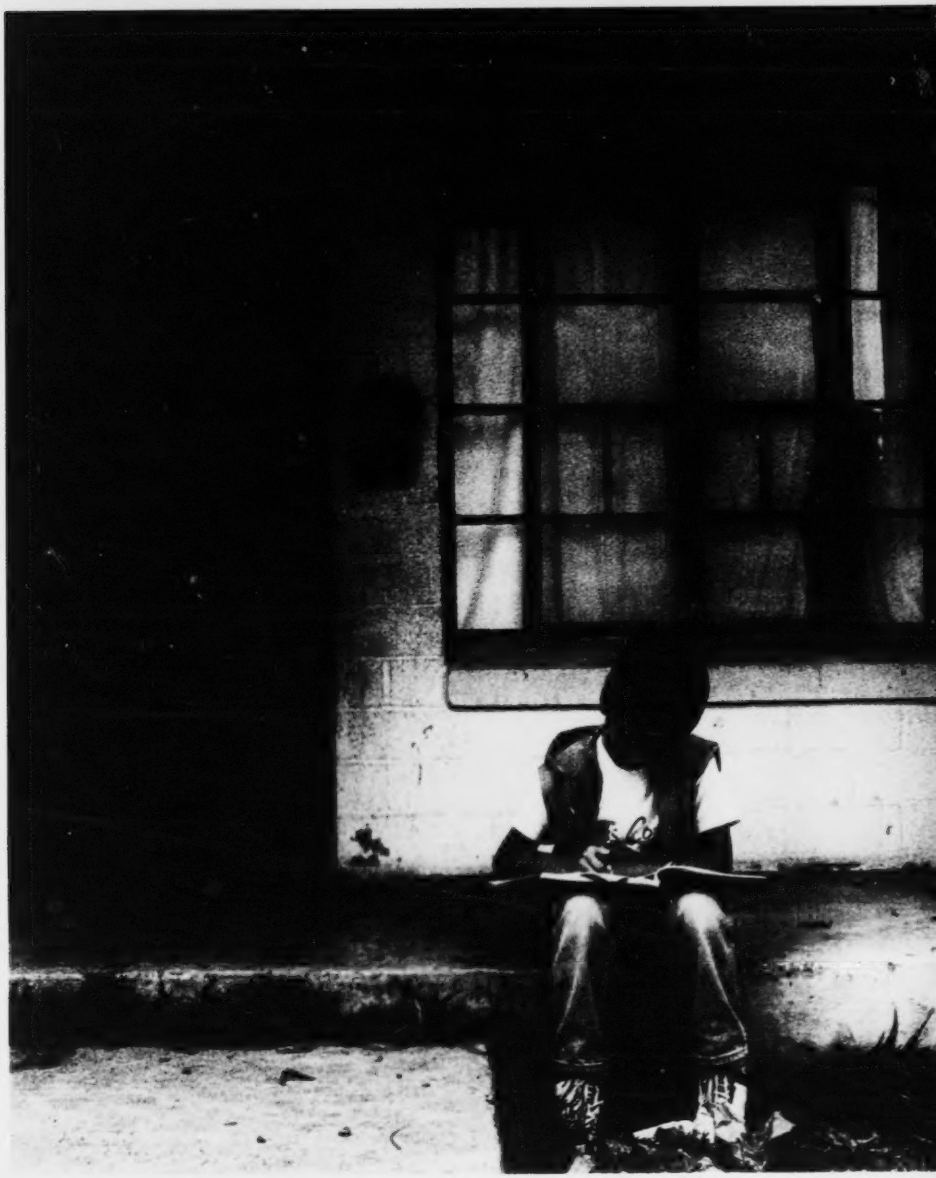
Poor children are much more likely to fall behind in school, have below-average academic skills, and drop out.[22] Children in families with incomes below the poverty level are nearly twice as likely to be held back a grade as their more advantaged classmates.[23] The proficiency level of an average 17-year-old in a poor urban setting is equivalent to that of a typical 13-year-old in an affluent urban area.[24]

Poverty affects school performance in several ways. It places children at heightened risk of health and nutritional problems that can limit their ability to concentrate and disrupt school attendance. High levels of family stress and social isolation lessen the likelihood that young children will receive early experiences that support the type of intellectual development that produces success in school, or that older children will receive encouragement and assistance in their school work. Poor children are also more likely to be enrolled in troubled schools with limited staff and material resources, and their families are often least likely to have the academic skills and personal resources to compensate for their schools' deficiencies.

Some young people from low-income families enter the labor force to earn additional income for themselves or their families. While work experience during adolescence can have positive effects, research indicates that working more than half-time during the high school years can undermine academic performance.[25]

Race and Ethnic Background

By the year 2000, one-third of all children in the United States will be non-white, compared to one-fifth today.[26] Disparities between the proficiency levels of white and minority students persist, although the gap has narrowed in recent years. On average, minority children remain three to four years behind their white counterparts.[27] While black and white students



complete high school at close to the same rate, Hispanic and Native American students have much higher dropout rates.[28]

To some extent, differences in academic achievement between minorities and whites reflect higher rates of poverty and single parenthood and lower levels of parental education among minority Americans, as well as the effects of generations of discrimination. Minority children are more likely to attend troubled schools with fewer resources and larger classes.[29] Among some cultural groups isolated from mainstream society, school achievement may also hold few tangible rewards. Scholars point to the lack of cultural continuity between home and school for many minority children. The resulting stress sometimes limits children's ability to achieve academically and can limit parents' ability to reinforce children's classroom experiences.[30] For many children and their parents, assimilation means rejecting their own cultural background in order to reap the benefits of mainstream society.

Single-Parent Families

Children in single-parent families tend to score lower on standardized tests and receive lower grades in school. They are also nearly twice as likely to drop out of high school as children from two-parent families.[31] Children raised only by their fathers are at even higher risk than children raised only by their mothers.[32]

Divorce or separation can cause enormous stress for children, which is often manifested in poor school performance. Divorced and never-married parents bear heavy responsibilities, particularly when their children receive little or no support from absent parents, and these responsibilities may create additional stress in some households. Parents raising children alone, especially those who work full-time, may have less time available to spend with their children on school-related activities than do married parents who share work and family responsibilities.

Mother's Educational Level

In the late 1980s, approximately 20 percent of children, almost 13 million, lived with mothers who had not completed high school. These children are two to three times as likely to drop out of school as children whose mothers have obtained more schooling.[33] They also score lower on standardized tests than do children of more highly educated mothers.[34] Scholars attribute this disparity to educated mothers' closer involvement in and monitoring of their children's education.[35]

Limited Proficiency in English

In general, children whose first language, or whose families' first language, is not English score lower than their English-proficient peers on standardized reading and math tests.[36] By third grade, children whose families often or always speak a language other than English at home may be more than a year behind their peers in reading proficiency.[37]

Children with Developmental, Learning, or Emotional Problems

In 1988 10.2 million children age 3 through 17, or 19.5 percent, were reported by their parents to have one or more developmental, learning, or emotional disorders that could interfere with or limit their progress in school and require special educational services.[38] Some of these children need transportation, physical or speech therapy, or psychological services; others, such as those with specific learning disabilities, may require only special instructional assistance. Children with learning disabilities are the most likely to receive special services; 70 percent of these children were reported by their parents to participate in a special education program. In contrast, only 25 percent of children whose parents reported serious emotional or behavioral problems and only 23 percent of children with a reported delay in growth or development received special services.[39]

The personal and social costs of school dropout and academic failure are enormous. In 1988 high school dropouts were nearly twice as likely as high school graduates[40] and five times as likely as college graduates to be unemployed.[41] Students with weak basic academic skills are more than nine times as likely to have a child out of wedlock and more than twice as likely to be arrested as their academically successful peers.[42] Each year's class of dropouts costs the nation about a quarter of a trillion dollars in lost wages and foregone taxes over their lifetimes.[43] Young people without basic educational skills and knowledge are five times more likely to receive public assistance than their better-educated peers.[44] More than 80 percent of inmates in the nation's prisons are high school dropouts, each costing taxpayers an average of $20,000 per year.[45]

School Reform Efforts

More than a dozen blue-ribbon commissions and task forces over the past decade have warned of the inadequacy of America's educational system and urged reform.[a] Their findings and recommendations have spurred numerous state and local efforts to improve education. Initially, these efforts were focused on increased graduation requirements, higher standards and rewards for teachers, curriculum reforms, additional and more frequent testing of student abilities, and other such measures. A second wave of reform, still under way, involves both incremental changes in the existing educational system — for example, increased standards and compensation for teachers, longer school days and years, higher standards and improved assessment, and stronger links among schools, families, and other community institutions — as well as more significant changes in the way schools are organized.

In 1989 the President and state governors set ambitious goals for the United States, its students, and their schools to reach by the year 2000:

- All children in America will start school ready to learn.
- The high school graduation rate will increase to at least 90 percent.
- American students will leave grades 4, 8, and 12 having demonstrated competence in challenging subject matter (including English, mathematics, science, history, and geography), and every school in America will ensure that all students learn to use their minds well so they may be prepared for responsible citizenship, further learning, and productive employment in our modern economy.
- Every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

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[a] Those commissions and task forces are the National Commission on Excellence in Educations, 1983; Committee for Economic Development, 1985, 1991; Carnegie Forum on Education and the Economy, 1986; National Governors' Association, 1986, 1990; National Association of State Boards of Education, 1988, 1989; Quality Education for Minorities Project, 1990; and others.

Focusing on the children of America is the best strategy for preparing for the twenty-first century. It will require not only the will, but the resources to implement what we know leads to educational success. The money spent in early childhood, the years between birth and eight or nine, will all come back in savings on education, on social services, on special education, on career development, in a variety of ways.

— BARBARA BOWMAN
Director of Graduate Studies,
Erikson Institute for Early Child Education,
Chicago, Illinois

- Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and to exercise the rights and responsibilities of citizenship.
- U.S. students will be first in the world in mathematics and science achievement.

These goals are an important first step, and in the spring of 1991 President Bush announced a new education initiative to pursue them. Yet the larger task of improving education must originate at the state and local levels, where primary responsibility has traditionally resided. To reach the nation's goals, individual communities must assess their own educational performance and adopt appropriate measures to ensure high-quality education for all of their students.

Improving Educational Outcomes for All Children

Early Child Development: The Key to Success in School

The seeds of educational success are sown early, in the prenatal period and the first months and years of life.[46] During this time, children develop basic language and reasoning skills. They also acquire social skills, confidence, and a sense of self-worth, and they come to see themselves as important and competent members of their family and of other small communities in their lives. Children who arrive at school incapable of managing the kindergarten routine can quickly lose confidence in their ability to learn.

Traditionally, society's responsibility for educating children began when they entered school. Growing knowledge of child development, however, compels us as individuals and as a society to place far greater emphasis on children's early development to ensure that every child is prepared for school. Therefore, ***the National Commission on Children recommends that all children, from the prenatal period through the first years of life, receive the care and support they need to enter school ready to learn — namely, good health care, nurturing environments, and experiences that enhance their development.***

To start school prepared, children must be healthy and possess basic social and intellectual skills. They need safe and secure environments and the consistent supervision and attention of a few caring adults who encourage and support their exploration of the world around them and help them acquire basic socialization and school readiness skills. Some children receive this care and support primarily from parents, others from parents and outside caregivers, child care programs, and early childhood education programs. Still

other children, who are educationally disadvantaged as a result of biological or environmental factors, benefit from intensive developmental support and comprehensive early intervention programs.

When children enter school ready to learn — healthy, well fed, confident, able to focus their attention and energy, and able to interact positively with adults and other children — they are much more likely to be motivated and to expect to succeed. Conversely, children who have not received the care and developmental stimulation that provide a foundation for learning are often at serious risk of experiencing a succession of failures in school. These early experiences of failure can lead to discouragement and detachment from the educational process and later school dropout. Moreover, the presence in a classroom of even a few children who are unprepared for school can disrupt the class, distract other students, and lessen the teacher's effectiveness, thereby undermining the entire class's educational progress.

Quality early child development programs often help children at risk of educational failure develop basic intellectual and social skills and acquire

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the motivation to succeed in elementary school and beyond. Longitudinal studies of several early intervention projects show that young adults who participated in these programs as children are less likely to have repeated a grade or to have been referred to special education classes. They are also more achievement-oriented than peers with similar childhood backgrounds who did not have the benefit of a high-quality early childhood program. Moreover, the parents of these students had higher aspirations for their children's educational progress and future employment. These students, in turn, more often completed high school and are more likely to be employed than their peers who did not participate in a high-quality early childhood program.[47] High/Scope Foundation's Perry Preschool Project found that young adults who had participated in the Foundation's comprehensive early intervention program were more likely to be employed, to have higher incomes, to express greater satisfaction with their work, and to be less reliant on public assistance programs than their counterparts in a control group. There was also a lower incidence of teenage pregnancy among Perry Preschool participants.[48]

The federal government and many state and local governments provide early child development programs and services, generally targeted toward children at risk of educational failure. Although significant strides have been made in recent years to expand these programs and services, they do not reach the majority of children who could benefit from them. Twenty-one percent of three- and four-year-olds in families with incomes below $20,000 attend some form of preschool, compared to 51 percent of three- and four-year-olds whose family incomes are above $34,000.[49] Moreover, most Head Start programs and state preschool programs are part-day, making it difficult for the children of low-income working parents to participate unless these programs are linked to child care resources in the community.

Head Start is a federally funded, comprehensive early childhood program for low-income preschool children, primarily age three to five, and their families. Begun in 1965, it is designed to provide at-risk children with the early socialization and education they need to start elementary school on an equal footing with their more advantaged peers. Head Start services include cognitive and language development; medical, dental, and mental health services (including screening and immunizations); and nutritional and social services. The program places particular emphasis on parental involvement. Parents participate in program governance and parent education classes, and many volunteer or are employed as Head Start staff.

A 1985 review and analysis of more than 200 Head Start evaluations concluded that the program has immediate positive effects on children's intellectual abilities, as evidenced by gains in IQ, although these advantages generally disappear after about two years.[50] When the program was evaluated as a comprehensive early intervention program for disadvantaged children and their families, rather than solely as a compensatory education program, several other effects emerged that also enhance success in school. For example, Head Start has been shown to improve children's self-esteem, motivation to achieve, and social behavior; to have a positive influence on their health, motor coordination, and development; to encourage parent participation; and to make community institutions more aware of and responsive to the needs of low-income families and their children.[51] It also appears that Head Start graduates are less likely to fail a grade in school or to require special education services.[52]

Last year, Congress joined President Bush in calling for full participation in Head Start by all income-eligible children, and it set 1994 as the target date for reaching this goal. Congress also authorized federal spending levels of $2.386 billion in 1991, $4.273 billion in 1992, $5.924 billion in 1993, and $7.66 billion in 1994.

Head Start programs across the country enrolled 575,802 children in 1990; however, estimates of the percentage of income-eligible children this represents differ, based on what method is used to define and calculate participation rates. (See Table 7-1 for the breakdown of 1990 Head Start participants by age.)

The Administration bases its calculation of Head Start participation rates on the number of income-eligible children enrolled in Head Start for at least one year. It assumes that 80 percent of children will receive one year of Head Start, and 20 percent will receive more than one year. It further assumes that 5 percent of children enrolled are from families who are over the income eligibility level. Using these parameters, 53 percent of income-eligible children received at least one year of Head Start in 1990. The Administration further assumes, based on program experience, that parents of 20 percent of eligible children would choose not to have their children participate in Head Start, either because they are enrolled in another early childhood program or because the parents are not interested. The Administration also notes that all 50 states have kindergarten programs for five-year-olds.

TABLE 7-1

Head Start Participation and Number of Childen Eligible on the Basis of Income, by Age, 1990

Age	Children Enrolled (No.)	Income-Eligible Children* (No.)
3	146,051	825,000
4	391,886	825,000
5	37,865	825,000
Total	575,802	2,475,000

SOURCE: Administration for Children, Youth and Families, U.S. Department of Health and Human Services, Washington, DC, 1991.

* Estimated, based on data from the U.S. Bureau of the Census.

However, kindergarten is provided at the option of local school districts in 19 states, and some small districts choose not to offer it.[53]

When Congress reauthorized Head Start last year, it assumed that every eligible child would receive at least two years of Head Start. The funds authorized to reach full participation by 1994 were based on enrollment by up to 100 percent of income-eligible three- and four-year-olds and up to 30 percent of income-eligible five-year-olds. Using these parameters, 30 percent of income-eligible children presently participate in Head Start.

Education is the key, and when people don't have knowledge, they cannot deal with the problems around them.

—JOHN TINDAL
Member,
Board of Education,
Marlboro County,
South Carolina

The different assumptions underlying these two sets of calculations and the different per-child program costs used by the Administration and Congress have important implications for projecting the costs of making Head Start available to every eligible child. Based on the assumptions outlined above and using the fiscal year (FY) 1991 per-child program cost of $3,240, the Administration estimates that the cost of providing every income-eligible child in the United States with at least one year of Head Start would be approximately $2.7 billion in 1991, and presumably slightly more in 1994 because of inflation. Using Congress's assumptions and its estimates of a $3,640 per-child program cost in FY 1991 adjusted yearly for inflation, the cost of providing every income-eligible child with at least two years of Head Start will be $7.66 billion in 1994.

Thirty-five states fund preschool programs for children at educational risk,[54] although few of these programs offer Head Start's comprehensive array of health and social services. Nine states use their own funds to expand or enhance Head Start programs. Because most Head Start programs are part-day, a number of communities use child care and state preschool funds to extend the program to a full day or provide "wraparound" child care so that children of working parents can participate. The National Commission on Children strongly urges states and local communities to continue and intensify their efforts to ensure that quality programs are available and accessible to all children who may not otherwise get adequate preparation for school from their families.

As important as Head Start and preschool programs are, however, they are not enough to ensure that severely disadvantaged children start school ready to learn. One year of comprehensive developmental services at age three or four cannot overcome the cumulative effects of poverty, neglect, and ill health in the first few years of life. For this reason, the Commission recommended in the previous chapter universal health insurance for children and pregnant women and expansion of programs that deliver health care to underserved populations. In Chapter 9, the Commission recommends improvements in the availability, affordability, and quality of child care services, as well as the development and expansion of family support programs to provide parents with the knowledge, skills, and support they need to enhance their children's development.

Improving the Quality of Education

Getting children to school ready to learn is a necessary but not sufficient element of success in school. Schools and school systems must be able to meet the educational needs of every student in order to graduate young adults who are literate, skilled, knowledgeable, versed in the humanities, and able to appreciate art and culture. Decades of research on successful or effective schools identify several common characteristics. Effective schools have high expectations for students and teachers. They set rigorous academic standards, maintain order and discipline, require homework, and encourage parental support and cooperation.[55] They have strong leadership from a principal; a stable staff of competent and enthusiastic teachers; a curriculum that is integrated across grade levels and that accommodates the variety of learning styles and cultural backgrounds of their students; and opportunities for parents to participate in their children's education. Underlying all of these elements is a set of clear and broadly accepted educational goals — a vision or mission to which all members of the school community are committed.[56]

Research on effective schools also stresses the importance of school climate — the physical and social environment in which education takes place. At a minimum, school climate refers to physically safe and personally supportive schools and classrooms and mutual respect between students and educators.[57] More broadly, a positive school climate refers to classroom and learning environments that make it possible for students and teachers to work toward the common goals or shared educational mission of the school. It is also characterized by active involvement by parents and teachers in important school decisions.[58]

A 1988 publication of the U. S. Department of Education offers several illustrations of effective schools serving low-income populations. It also offers anecdotal evidence to support the factors identified by research as contributing to school success. In one school, a strong principal clearly defined the school's mission for teachers, students, and parents; conveyed to students the high expectations she had for them, as well as her confidence that they could meet these expectations; strengthened the curriculum; and aggressively reached out to parents and the community. As a result, the percentage of students performing at or above grade level rose from 40 to 65 percent over three academic years. Another principal shared planning and decision making with teachers, reduced their administrative chores to give them more time for class preparation, and encouraged them to work across grade levels to ensure continuity for students and an integrated curriculum.[59]

Despite agreement on the general characteristics of effective schools, many schools and school systems still lack the basic ingredients and flexibility to be lively, innovative learning centers that provide a quality education to all their students.

To ensure that every child in America receives a quality education, the National Commission on Children recommends a series of fundamental reforms in the academic curriculum, the organization and financing of schools, the training and treatment of teachers, the role and responsibilities of principals, and the nature of the school environment. The specific steps we recommend are:

- a rigorous and challenging academic curriculum for all students, supplemented by improved teaching materials and more effective teaching and learning methods;
- measures to recruit and retain skilled teachers;
- measures to improve the effectiveness of principals;
- school-based management so that principals, teachers, and parents have the authority and flexibility to organize schools and learning plans that are appropriate to the needs of their students; this increased authority should be accompanied by increased accountability by schools and school districts for their students' educational attainment;
- greater accountability by schools, parents, students, communities, and employers for the quality of education;
- improvements in the school environment to ensure the safety of students and staff and, where possible and appropriate, to use school buildings to meet other needs of students and families; and
- equitable financing across school districts to ensure that every student has access to an excellent education.

A Rigorous and Challenging Curriculum. Among the President's and governors' educational goals is a call for every American student to demonstrate competence in challenging subject matter in English, mathematics, science, history, and geography. We would add to that list the arts and humanities, as well as the principles and traditions of American democracy. We join the President and governors in believing these high standards of achievement can and must be met by every child and adolescent and by every school in the nation.

Achieving this goal will require most schools to adopt a more rigorous and challenging curriculum — one that begins by teaching such basic skills as reading, writing, and mathematics but goes well beyond rote learning. Greater emphasis must be placed on the development of high-order thinking skills and familiarity with different types of technology.

Children of all backgrounds and perceived abilities must learn to think critically, holistically, and abstractly. They must also develop the skills needed to reason, question, and uncover bias. The goal of such a rigorous curriculum, in the words of one major report on education, is to produce "people who have the tools they need to think for themselves, people who can act independently and with others, who can render critical judgments and contribute constructively to many enterprises, whose knowledge is wide-ranging and whose understanding runs deep".[60]

Some schools already teach such a rigorous curriculum, and some students already meet high standards; in the future, all students — those who are college-bound as well as those who are not — must meet them. The National Commission on Children urges the nation to adopt uniform standards of achievement to guide the curriculum of every school. We urge every school to upgrade its curriculum to ensure that the same high expectations apply to every student. When students receive clear and consistent messages — from school, parents, and the wider community — about what is expected of them, most will meet or surpass those expectations. While schools need flexibility in designing a curriculum that responds to the needs and strengths of individual students, we insist that every American student and school be held to the same high standard of achievement.

Too often in the past, students at risk of educational failure have been sidetracked into classrooms and schools that teach a less rigorous curriculum in a well-meaning but misguided effort to compensate for personal difficulties and prevent school dropout. As a consequence, too many students — particularly poor and minority students and those whose learning styles are different from the norm — leave school and enter adulthood without the knowledge and skills to achieve and excel. For these children, education is a travesty. Their school experiences belie the nation's commitment to equal opportunity and cost society billions in lost human potential. Every child should be held to the same high standards necessary to succeed in the adult world, and every child should receive the support and assistance he or she needs to reach those standards.

As a corollary to this recommendation, the Commission opposes any form of tracking that unnecessarily institutionalizes low expectations for some students and limits their educational opportunities. Too often, children are placed in special classes or ability groups on the basis of their performance on tests administered as early as preschool or kindergarten. While a limited use of tracking can ensure that exceptionally talented

students are challenged, we oppose practices that place any children in classes that fail to challenge them, provide them with basic skills and knowledge, or instill in them a love of learning.

As the nation's student body becomes increasingly diverse, a curriculum that meets higher achievement standards must be implemented in a manner that recognizes and respects cultural and individual diversity. Children from all cultures should have the opportunity to feel proud of their heritage and succeed in school as part of the mainstream. Moreover, all children would benefit from a multicultural education. The challenge for educators is to champion diversity without causing separatism. Separatism in the classroom only perpetuates separatism in the way children and their families are received in society, limiting their opportunities to participate fully in the nation's civic, cultural, and economic life.

A more demanding curriculum for all students will also require improved teaching materials, more interactive and effective methods of teaching and learning, and broader and more accurate assessments of students' progress.

- ***Teaching Materials.*** Some school districts, experiencing severe financial problems, face shortages of basic classroom supplies, such as crayons for young children or worksheets for older students. These shortages make teachers' work more difficult and slow students' progress more difficult. They cannot continue.

  More broadly, there is growing concern among educators that teaching materials, especially textbooks, are not adequate for teaching children a more demanding, thought-provoking curriculum. Publishers tend to condense all the material required by different school systems into a single text, giving cursory treatment to significant topics and watering down controversial issues. As a consequence, students do not always receive the information they need to develop their own opinions or judgments.[61] Therefore, we urge publishers to be more responsible in developing teaching materials and encourage school systems to be more selective in the materials they purchase for classroom instruction.

  Computers can also facilitate learning. Outstanding software is available to help children read, write, spell, do arithmetic, and learn about geography and history. Working with computers also prepares children for entry to a technology-based labor force. Despite these benefits, though, only an estimated 1 in 30 students has access to computers at school.[62] Roughly half of all science and math teachers report that computers are either not available or are quite difficult to access.[63] We encourage schools to set aside resources to buy computers and urge businesses to donate equipment to schools.

  Telecommunications technology can also enhance the curriculum. Some schools use satellite linkups with other schools or colleges to provide their students with specialty classes and information. This is an especially attractive alternative for rural schools, which often have difficulty recruiting upper-level language, math, and science teachers.

- ***Time for Learning.*** The process of learning and the time needed to master specific skills vary significantly from one discipline to another and from one child to another. School days organized around orderly blocks of time for specific subjects do not always match the pace at which children learn. Some subjects require more time than allotted in a single class period, others require less. While fixed schedules make schools easier to manage, they are less likely to maximize learning.[64] The Commission believes that teachers, with the support of their principals, should have the flexibility to organize class schedules and establish collaborative learning strategies to meet students' learning needs. Some schools may even want to extend the length of the school day or year so that children have an increased opportunity to learn.

- ***Methods of Assessment.*** Testing is a useful tool for enabling parents and teachers to help children understand their progress. However, there is growing concern that testing is sometimes misused. Too often, students' progress and teachers' performance are measured only by students' performance on standardized exams, generally multiple-choice tests. This practice can unnecessarily label some students as failures and place undue pressure on teachers to "teach to tests" to ensure high scores by their students. In at least some cases, performance-based assessments that call upon students to write, make oral presentations, and work with other students to solve real-world problems may provide a richer picture of a student's ability and progress.

  Schools administer tests for a variety of reasons — as a diagnostic tool, for example, or to measure progress toward particular goals. But schools should always be clear about why they are testing and choose tests and other assessment procedures that are appropriate to their purposes. Students and parents should also understand the purposes and potential uses of tests.

Measures to Recruit and Retain Skilled Teachers. The quality of teachers is among the most important factors influencing students' academic performance and will be even more critical in the years to come. Yet it appears that increasingly the nation's brightest students are not attracted to teaching. Almost half of the students enrolling in teacher education in the mid-1980s (and who are presumably now teaching) came from nonacademic high school programs — that is, from general and vocational programs not intended to prepare students for college.[65]

Several major reports issued in the mid-1980s projected serious teacher shortages in the coming years, based on expected high turnover rates.[66] A 1990 survey of teachers, however, found little evidence of impending high attrition rates.[67] Yet it appears that the present pool of teachers with specialized skills, such as bilingual, special education, and math and science teachers, is shrinking or simply inadequate to meet expected demand.[68] In the 1985-86 school year, for example, only one-quarter or fewer elementary school teachers felt qualified to teach science.[69] The percentage of minority teachers, who are often important role models and authority figures for minority children, is expected to decline from about 10 percent to under 5 percent over the next decade.[70]

In an effort to attract the best and brightest to teaching, some states have strengthened their teacher education programs, including their entry requirements and the requirements for certification into the profession. Increasingly, schools of education are requiring a liberal arts degree for acceptance to teaching programs. As they continue to reform their curricula over the coming years, schools of education should require more rigorous graduate training in child development, education, and specific subject areas.

Recognizing the need to attract specialists from a variety of professions to teach specific subjects such as math, science, and foreign languages, some states use alternative certification procedures to allow professionals with a background in these subjects to teach at the same time that they are

studying for a teaching degree. Thirty-three states at present have alternative methods of certification for individuals who did not follow the typical course of teacher education. In most of these states, however, alternative certification is used only to avert teacher shortages. To counter the anticipated shortage of teachers with special skills in coming years and to attract skilled and motivated individuals to the classroom, we urge states to develop creative means of recruiting, training, and certifying a wide range of qualified individuals. Alternative certification programs should include coursework in pedagogy and should use experienced teachers as mentors for newly certified teachers. States can also provide scholarships and other financial incentives to potential teachers.

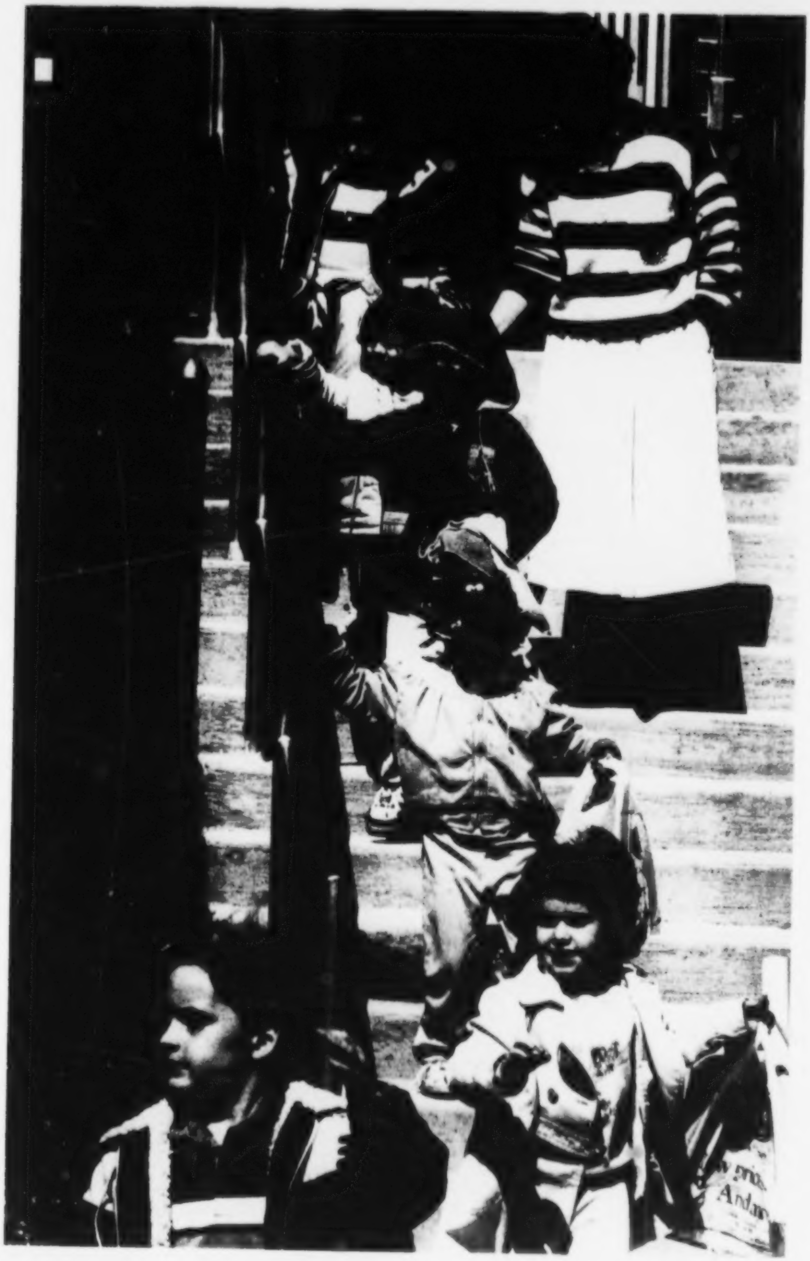
Higher salaries and improved working conditions are also critical incentives for attracting and retaining talented individuals to the profession. Although teachers' salaries increased in real terms by 9.4 percent between 1976 and 1990,[71] salaries vary significantly from one school district to another. We encourage states and school districts with low teachers' salaries to raise them to the national average. School-based management should give teachers more say in the organization of their day and the structure of their schools, as well as greater opportunity to consult with colleagues and introduce innovative teaching methods to the classroom, practices that improve working conditions and make teaching a more attractive profession.

A big thing is teachers making kids feel important, and not just some of the kids but all of them. The kids that fall between the gaps are usually the kids that they would just as soon see out of the schools, but teachers have to help motivate all the kids and set goals and try to get different kids to obtain success.

— TOREY WESTROM
High School Student,
Elbow Lake, Minnesota

Measures to Improve the Effectiveness of Principals. A key element in improving the effectiveness of teachers and schools is attracting and retaining principals who are creative and talented leaders. Principals are responsible for a school climate that fosters effective teaching and encourages every child to reach his or her learning potential. They must also take the lead in bringing students, teachers, parents, and communities together around the critical task of education. In addition to leadership, talent, and skills, this requires the authority to shape school environments and manage the business of learning. The Commission therefore urges local school boards to give principals the authority and flexibility they need, to hold them accountable for their school's performance, and to reward genuine achievement.

School-Based Management. The bureaucratic, hierarchical nature of most public education minimizes autonomy and initiative at the school level.[72] With some notable exceptions, education bureaucracies impose uniform policies and rigid requirements on schools, principals, and teachers in such critical areas as curriculum and materials, school management, student assessments, and personnel decisions, even though individual schools serve very different populations of children. As a result, those



closest to students and the learning process, including teachers, parents, and principals, often have the least say over what goes on in schools and classrooms, and a culture develops within schools that perpetuates rigidity and conformity.[73] In many public school systems across the country, initiative, innovation, and creativity are neither encouraged nor rewarded.

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While some uniformity and safeguards are necessary to ensure a common base of knowledge and to guarantee that children with special needs are provided a high-quality education, we believe that decision making should be decentralized to give those closest to children the flexibility to design and implement the most appropriate education for them. Principals, teachers, and parents should help determine the organization of instruction, staffing needs and arrangements, decision-making structures and processes, and budgeting in their own schools.[74]

For the most part, school-based management has occurred in individual schools where strong principals have won the support of school boards and given teachers and parents increased opportunities to become involved in the governance and management of schools. These principals have also created a climate that fosters greater creativity in the classroom. School-based management may be a strategy for deconsolidating large school systems and giving parents greater control over local schools.

The School Development Program, developed by Dr. James P. Comer and his colleagues at Yale University, is a form of school-based management designed to improve the academic achievement and social skills of low-income minority children. The program builds strong and supportive relationships among students, parents, teachers, and administrators by recognizing that they all share the same goal: to help children learn. It gives parents and school staff a critical role in the governance and day-to-day operation of the school. Parents, teachers, and teachers' aides participate in a Governance and Management Team, directed by the principal, which establishes the school's curriculum, tone, attitudes, and values and promotes a variety of activities, all centered on children's learning needs. The Mental Health Team, composed of a classroom teacher, special education teacher, social worker, and school psychologist, provides direct counseling to students and consults with teachers, staff, and parents. The Parent Participation Program increases parental involvement through a variety of activities. In sum, everyone in the school community develops a personal stake in the success of every child.[75]

Greater Accountability. Few people or institutions change without a compelling reason to do so.[76] This has long been the case in most public school bureaucracies, where initiative is often discouraged and where students, teachers, and principals are neither rewarded for hard work nor held accountable for poor performance. Therefore, in exchange for greater authority, school boards, superintendents, individual schools, and each member of a school community must be held to higher standards of accountability by the taxpayers who fund education, by the parents whose children attend schools, and by the local employers who hire graduates.

The success of school-based management depends on teachers, principals, parents, and communities assuming greater responsibility for a school's progress. We believe that people develop a greater sense of ownership in a school and in the progress of its students when they have a say in important decisions. We also believe that students learn to take education seriously when they see the adults around them invest significant time and energy in their schools.

The Commission recognizes that dramatic improvements will not happen overnight. There must be mechanisms for rewarding and encouraging incremental progress — in student achievement, in attendance and retention, in the number of students taking a more rigorous curriculum, and in other measures that reflect the challenges different schools face. This can be done at either the state or district level by channeling additional resources to those schools that excel, as well as to troubled schools that show significant gains.

Improvements in the School Environment. When schools are threatened by violence and drugs, neither children nor teachers can devote their attention to the business of learning. We applaud efforts nationwide to promote drug-free schools and hope they will continue until all schools are safe and secure.

Learning takes place both inside and outside the classroom. To ensure that children have opportunities for safe, structured, and enriching activities during nonschool hours, we encourage schools to develop a variety of before- and after-school programs that meet the needs and interests of children in their communities. Currently, most after-school activities for children center on sports. Athletics are an important way for many children to maintain physical fitness, acquire self-discipline, gain confidence, and learn to work cooperatively with others. But they should not be the only activities available to children. We encourage schools to provide opportunities for children to participate in clubs, the arts, and other special activities as well.

Schools can also play an important role in providing services to the community. While they should not be expected to bear principal responsibility for meeting a community's health care and social service needs, schools can frequently be effective centers for the delivery (by a school system or by other community institutions) of a range of services to families with children. For example, Schools of the 21st Century, a program created by

Edward Zigler of Yale University that is under way in several school districts around the country, provides families with before- and after-school child care, enriched early child development programs, and family support and information for parents.

Equitable Financing Across School Districts. Funding for education increased considerably during the 1980s. In real terms, state and local spending on education grew by 26 percent between 1980 and 1988.

Overall, the nation spent about 3.5 percent of its gross national product on primary and secondary education.[77]

What gets kids going is the message: You count!

— MARK FRAIOLI
High School Student, Sharon, Massachusetts

Spending on education differs dramatically across states and localities, however. Since 1920, state and local governments have been the primary sources of revenues for public elementary and secondary education. State financing systems typically depend on revenue raised through property taxes collected within local school districts. As a result, local resources available for education vary from district to district. Public schools in Beverly Hills, California, for example, have substantially higher per-pupil funding than public schools in rural areas of California. Among school districts in Illinois, per-pupil funding ranges from $2,004 to $6,260; in New York, the range is $3,936 to $10,349, and in Texas, $1,848 to $5,243.[78] Differences in school funding within states are magnified across states.

These inequities are fueling a growing movement within states to reform their education funding mechanisms.[79] Challenges to unequal funding policies are being raised in many state courts and legislatures. Court decisions to date range from narrow critiques of unequal spending to orders for revamping a state's entire educational system. The Texas Supreme Court, for example, ruled simply that children have a constitutional right to an equal education,[80] while the New Jersey Supreme Court directed the state to spend more on poor districts.[81] The Kentucky Supreme Court declared the state's entire educational system unconstitutional on the grounds that it denied children in poor districts their right to an equal education.[82] The Kentucky General Assembly responded with a plan that sets a minimum per-pupil funding level for all districts. This minimum represents a large increase in spending for the poorest districts. The Kentucky plan also connects increases in spending to each district's improvement in student performance and test scores.

Many other states are also overhauling their spending policies to remedy inequities and avoid court challenges. The Commission urges all states to review their funding mechanisms to ensure the equitable distribution of financing across public school districts. Without adequate financial support, schools' ability to hire new teachers, purchase textbooks and other materials, and take other steps to improve children's education will be limited.

Enhancing Education Through School Choice Policies

Over the past several years, there has been increasing public debate about school choice policies as a strategy for improving the quality of schools. School choice policies break from the traditional practice of assigning students to specific schools (almost always based on residence) and instead allow parents and students to select the public school that most closely matches their needs and preferences. Many view school choice as the ultimate form of parental involvement by placing the responsibility for selecting a child's school squarely on parents. It encourages greater differentiation among schools and creates opportunities for greater specialization in curriculum and programming. Proponents believe the ensuing competition among schools for students and the funding that follows them will improve school performance. Choice also gives individual principals greater autonomy and flexibility in shaping their educational policies and programs and can therefore be a major impetus for school-based management.[83]

The National Commission on Children encourages states to explore school choice policies as part of an overall plan to restructure and improve public schools. School choice should only be implemented where accountability measures are specified and where the special needs of educationally disadvantaged students are addressed. We believe that school choice policies should include the following components:

- Students and parents should have the option of enrolling in public schools outside their own geographic districts.
- Students and parents should receive sufficient information about available educational options and the process by which they may apply and gain admission.
- Access to individual schools should be controlled only to the extent necessary to achieve appropriate racial balance.
- Combined federal, state, and local education funds should take the form of "scholarships" directed to the public schools that students and parents choose. States and local school districts should increase scholarships for students with special needs — such as those that arise from physical or mental disabilities, economic deprivation, or language barriers — to create incentives for the development of programs responsive to these students and their families.

Some members of the Commission would extend the concept of school choice to include private and parochial as well as public schools. Under this approach, parents would be issued vouchers and scholarships to be used at any school they choose. Commissioners who favor this extension point out that any benefit accruing to religiously affiliated entities would come as a

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result of independent parental choice rather than direct governmental largesse, and there are no legal or constitutional barriers to it.

Other members of the Commission, however, are concerned that choice policies, in the absence of major steps to restructure schools and ensure every child a quality education, will further disadvantage the nation's most educationally vulnerable students, who may be overlooked in a market-driven system. These Commissioners believe that if choice is implemented in the absence of comprehensive school reform, students whose parents are the most aware of choice policies and school alternatives will move to higher-quality schools, leaving the most vulnerable students in schools of poorer quality. To address these concerns, the National Commission on Children emphasizes that educational choice should not be considered an end in itself. Instead, it is one of many possible strategies to restructure and improve schools and should be undertaken only after appropriate accountability and attention to students with special needs have been assured. The Commission's first priority is to improve the educational system so that all school choices will be good choices.

In recent years, several states and school districts have experimented with systems of public school choice. They include district-wide programs as well as interdistrict or statewide programs. These programs combine some of the features of alternative and magnet schools with other reform proposals and are a means of promoting voluntary desegregation. Among the best known public school choice programs are those in Minnesota and in New York City's Harlem Community District No. 4.

Minnesota's public school choice program is open to all elementary and secondary students in the state. Students may change schools, provided that the transfer would not upset a school's racial balance and that a particular school is not filled to capacity. State and local education revenues follow the child; that is, an amount equal to the per-pupil allotment of state and local funds for education in the student's home district is paid to the student's new district.[84] Minnesota's choice program also permits 11th and 12th graders to take college-level courses either full-time or part-time as part of their high school curriculum.[85]

New York City's Harlem Community District No. 4 offers open enrollment to all of its junior high school students and opens a number of elementary schools to any student in the district. Junior high school students are not automatically assigned to a school based on residence; instead, all students and parents have the opportunity to select among several alternative schools. The schools offer specialized instruction in areas such as mathematics and science, writing, environmental studies, performing arts, and sports. In some cases, the alternative schools are separate units within one school building, creating several small schools where one large one formerly existed. At the elementary school level, students are initially assigned to a neighborhood school. Elementary students and their parents, however, may choose from several alternative schools as well. In addition, elementary and junior high school students from other New York City community districts may, within limitations, enroll in Community District No. 4. The combined effects of school choice, a comprehensive and interactive curriculum tailored to students' needs, and increased teacher autonomy have dramatically improved the performance of the district's students.[86]

Serving the Multiple Needs of Students at Risk

Many students face an array of problems and special needs which, left unaddressed, can seriously jeopardize their chances for educational success. Some children need better access to medical care; others need help with serious personal problems or concerns; still others require more individualized support and guidance from parents, teachers, or other caring adults. Too often these needs go unmet or are addressed piecemeal. Now more than ever, schools and social service agencies must work together on behalf of children with multiple and severe needs. ***The National Commission on Children recommends that all schools and communities reevaluate the services they currently offer and design creative, multidisciplinary initiatives to help children with serious and multiple needs reach their academic potential.*** While no child is destined to fail in school, many will find it difficult to progress in the face of substantial odds. These students at risk need early, consistent, and comprehensive support to engage them in learning, encourage them to excel, and help them overcome circumstances that jeopardize their prospects for learning and growing.

Services for children with disabilities illustrate one long-standing approach to ensuring that students with special needs receive the assistance and support necessary to progress in school. Since 1975, federal law has required states to identify school-age children with disabilities and develop individualized education programs for them. The law was amended in 1986 to give states the option to extend services to children from birth to age five who have or are at risk of developmental disabilities in order to promote the chances that these children will start school ready and able to learn.[87]

A variety of local programs in schools and communities nationwide are also restructuring services for children at risk of school problems. The School Development Program, discussed earlier, employs a Mental Health Team to identify children with special needs and work with them, their teachers, and their parents. California's Every Student Succeeds program, developed by the State Department of Education, provides technical assistance to schools seeking to provide an integrated and comprehensive program for every student, including students who are considered to be at risk.

Many cities and states have developed alternative schools or programs for adolescents who are unable to progress in the regular school system. Many of these young people have dropped out or have been held back repeatedly, making them somewhat older than typical high school students. Others have had problems with the law, are teen parents, or for other reasons find it difficult to fit into a traditional high school. Minnesota has opened Area Learning Centers for these students, many of which provide child care, tutoring, and evening hours for working students. The Kansas City, Missouri school district contracts with two privately run alternative schools that offer small classes and intensive one-on-one instruction and counseling.

It's necessary to create an infrastructure for children, to bring people and places and organizations around them [together so] they will feel safe and secure and supported. The most important institution for children whose families are not able to provide the support they need is the school.

— JAMES COMER, M.D.
Professor of Child Psychiatry,
Yale University,
New Haven, Connecticut

Increasing Individual and Community Responsibility for Education

Learning is a lifelong process that occurs inside and outside of school. Children's attitudes toward and appreciation of education are shaped by the people closest to them and by the society in which they live. If parents, community institutions, and popular culture do not value education, neither will children.

The National Commission on Children recommends that parents, communities, employers, and the media take mutually reinforcing steps to emphasize to young people the personal rewards and long-term benefits of academic and intellectual achievement, cultural enrichment, hard work, and perseverance.

Parents. For more than two decades, studies have identified family background as the single most important predictor of student achievement.[88] Parents play a critical role in ensuring that their children grow and learn, from birth through adolescence.[89] They also play a critical role in conveying the values, habits, and behavior that promote school success, including good work habits, respect for learning, honesty, determination, self-reliance, and consideration for others.[90]

Parents are responsible for guiding their children's social and intellectual development, for ensuring that their children enter school ready to learn, and for monitoring and encouraging their academic progress. Parents should view themselves as partners with schools in the education process, reading to young children, monitoring homework, and creating home environments that encourage learning. They should also act as advocates for their children, visiting schools and meeting with teachers.

To facilitate parents' involvement in their children's education, the Commission urges schools to institute policies and practices that encourage and support parental involvement. Many parents are active in parent-teacher associations, and some serve on elected school boards. In addition, however, schools should encourage and facilitate parent participation in governance and management processes and in school activities. They should create opportunities for teachers and parents to consult and for parents to volunteer their services in the classroom and in other areas of school life. In doing so, schools should recognize and accommodate the time constraints facing many working parents.

There are many exciting initiatives across the country to involve parents in their children's schooling. The family support programs recommended in Chapters 9 and 10 provide valuable information and instruction on child development as well as peer support to parents of young children. The

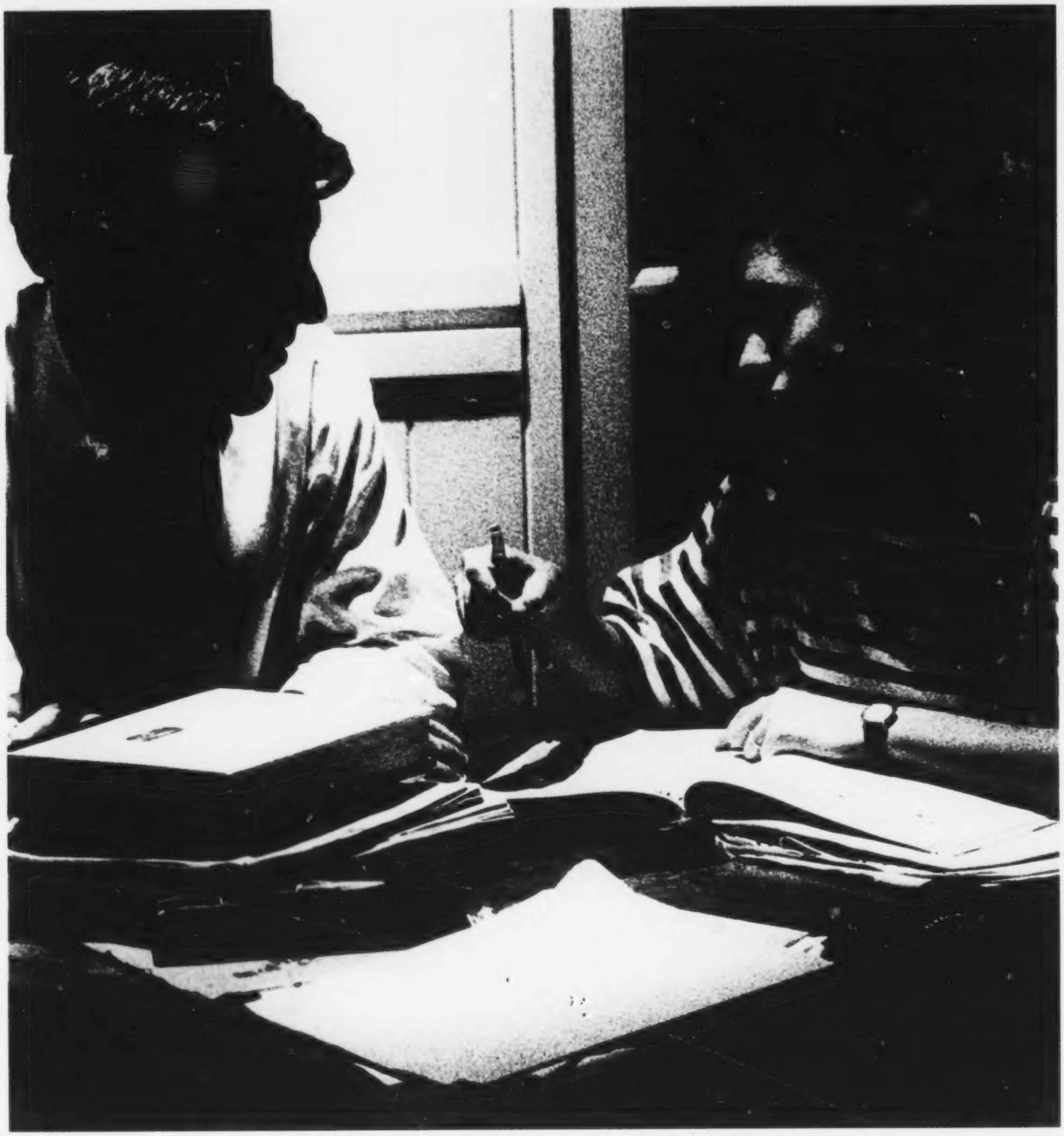
Home Instruction Program for Preschool Youngsters (HIPPY), operating statewide in Arkansas, teaches parents how to prepare their children for school. When parents join HIPPY, they agree to allocate 15 minutes a day, 5 days a week, 30 weeks a year, for 2 years in structured learning activities to help their preschoolers acquire reading and math skills. Twice a month, HIPPY aides visit parents in their homes and work with them on their children's lessons, and twice a month parents participate in group meetings that combine lesson preparation with peer support.[91]

While HIPPY focuses primarily on parents' participation in early childhood development, California's Quality Education Project (QEP) promotes parent involvement in the education of school-age children who have been identified at high risk of failure in school. QEP trains school administrators and teachers in techniques to encourage greater parent participation; trains parents in ways to support their children's education at home and at school; provides parents with materials to use at home to assist children with their homework; promotes reading as a family activity; and involves the business, medical, and religious communities in support of local schools.

Communities and Employers. Community institutions, such as religious groups, youth service organizations, and civic associations, as well as local employers must join parents in sending consistent and supportive messages to children and adolescents about the value of education and provide opportunities to enrich and expand children's learning.

They can, for example, ensure that children have access to stimulating early childhood experiences by establishing child care centers, designing resource and referral networks for parents seeking child care services, or supporting existing programs. To help meet the needs of school-age children, community organizations can provide developmentally appropriate after-school and summer experiences, as well as educational, cultural, and recreational activities that connect schoolwork with experiences outside the classroom. Employers can sponsor recreation centers, adopt schools, and donate computers and other equipment that many schools cannot afford. They can also provide high school students with internships and encourage their employees to serve as mentors and tutors to young people. By requiring students to present transcripts, report cards, or other records of academic performance when applying for jobs, employers can also link school achievement and success in the workplace. In many communities, employers have gone beyond efforts to help individual schools and have taken the lead in advocating fundamental school reform.[92]

> **My family made such a big influence in my educational study. My family is very strict; they expect me to be at my best always. Unfortunately, all the kids don't have "a perfect family," so they're kind of disappointed... that's why their success is not as high.**
>
> **— UYEN TANG**
> **High School Student,**
> **Minneapolis, Minnesota**



There are many wonderful examples of community and employer involvement in education. Eugene Lang, a New York businessman, established the "I Have A Dream" Foundation to finance the college education of every member of the sixth grade class of P.S. 121, the East Harlem elementary school he attended. Lang promised this class of youngsters at high risk of failure that if they graduated from high school with a satisfactory academic record and avoided high-risk behaviors that would jeopardize their future prospects, he would finance their college educations. Lang and other adults in the community, both volunteers and paid social workers, also worked with each student in the ensuing years to encourage their educational achievement and personal growth and development. Forty-seven of the 51 students Lang agreed to support in 1981 have since received their high school diploma or GED. This spring, six to eight will graduate from college, and 90 percent are expected to complete at least two years of college.[93] In recent years, business leaders and philanthropists in other cities have adopted the "I Have a Dream" model to encourage other young people to persevere in their education.

The business community in Minneapolis has established a variety of programs that provide mentoring to young people. In the Destiny program, Pillsbury employees serve as mentors to at-risk junior high school students. Building on these efforts, other companies in Minneapolis, including Dayton Hudson, Honeywell, and General Mills, have worked with the schools and the community to establish a Youth Trust to help prepare area students for careers. One of the Youth Trust's activities is the Buddy System, which recruits mentors and tutors to spend a few hours each month with a student. The Buddy System screens and trains volunteers, matches them with young people, and provides continuing support for the mentor relationship.

Media. The media have numerous opportunities to expose children to current events, bring history and literature to life, examine new ideas and different cultures, entertain, and teach new skills. Yet television, movies, and popular music also frequently expose children to harmful images of violence, crime, and sexuality and to hours of programming that does little to educate, inform, or stimulate curiosity.

Time spent watching television is time away from reading, homework, and other pursuits that contribute more to children's intellectual and social development. The Commission therefore urges parents to monitor the amount of time their children spend watching television.

Parents also have a responsibility to monitor the content of the movies, shows, and music to which their children are exposed. In Chapter 11, we urge parents to act with greater diligence in this area. But we also recognize that the pervasiveness of the media in modern society makes it impossible to shield children from every potentially harmful influence. We therefore urge the media to exercise greater restraint, to recognize their tremendous influence on children's attitudes and behavior, and to use their talent and creativity positively to educate and inform children.

Costs and Benefits

Most of the costs of education have traditionally been borne by states and localities, with supplementary federal funding for compensatory education, services for children with disabilities, and other special populations and projects. The efforts we recommend will be primarily state and local initiatives, yet the federal government also has a role to play in encouraging innovation. Accordingly, the Commission recommends that Congress appropriate approximately $460 million for school restructuring initiatives and $230 million for school choice programs, as requested in the President's amended education budget for FY 1992. The Commission also endorses the President's request for an additional $148 million for Chapter I programs to address the needs of students at high risk of educational failure. In addition to seed funding for innovative educational programs, however, increased parent participation, school-based management and educational choice require greater commitments of individual time and greater assumptions of responsibility by all of the parties involved in education.

Early child development programs also require additional funds. As discussed earlier, estimates of the cost of full funding for Head Start vary, depending on assumptions about the estimated proportion of eligible children who will participate, judgments about the appropriate length of a child's involvement in Head Start, and estimates of the per-child costs of serving Head Start participants. The Commission therefore offers a range of estimates for the total costs of Head Start, from $2.7 billion to $7.66 billion by 1994. Of this amount, $800 million to $2.4 billion of new funds will be required in the first year.

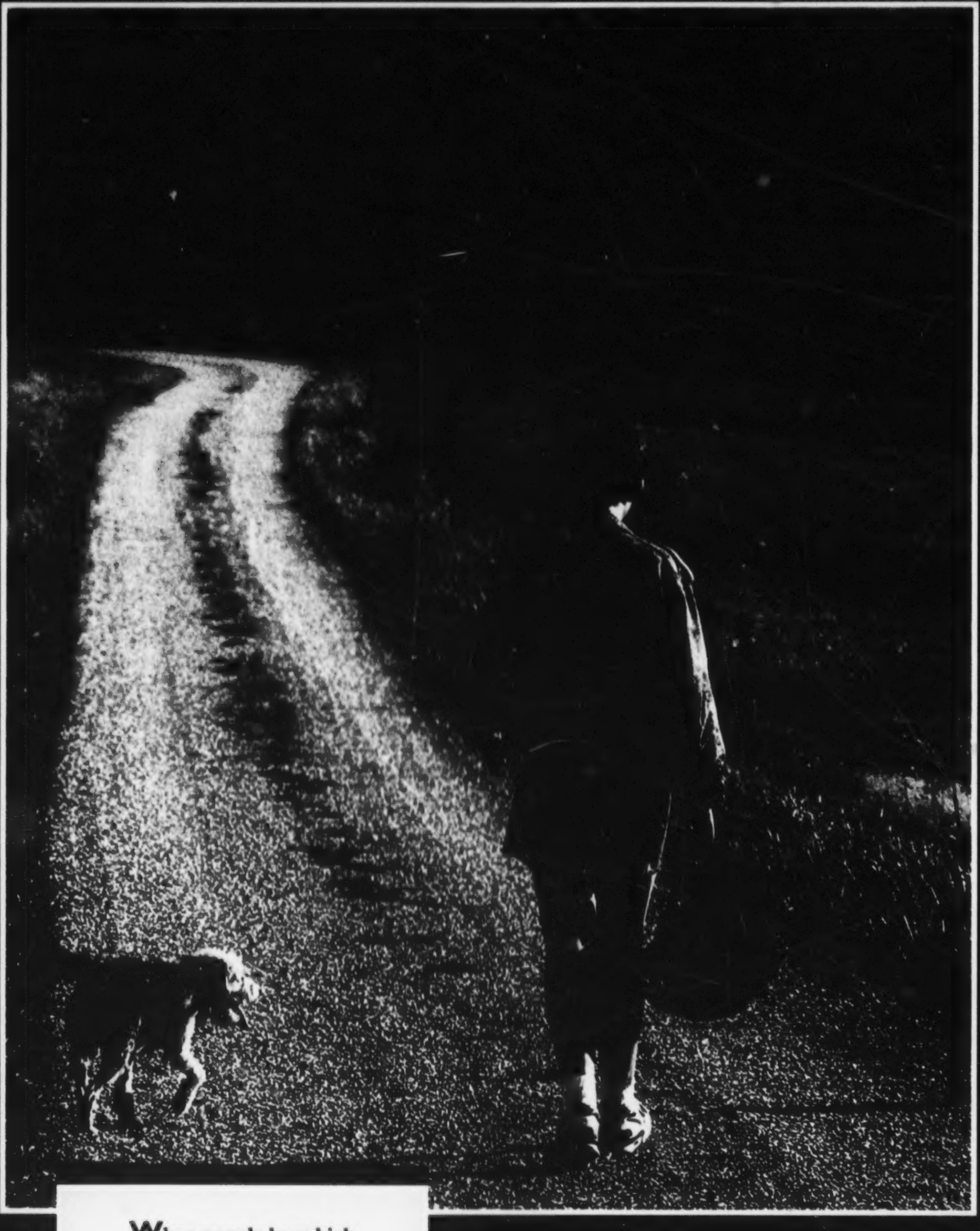
Successful efforts to prepare young children for school, to ensure that schools are able to provide a good education for every child, and to increase parental and community support for schools and education will have a large payoff. They will save employers the costs of remedial training and save the nation the costs of supporting adults who as children did not receive the literacy skills, problem-solving abilities, and work habits to be self-sufficient members of society. They also enrich the cultural and civic life of the nation by providing young people with an appreciation of the arts and humanities and an understanding of the rights and responsibilities of citizenship in a democracy.

Conclusion

For millions of Americans, and particularly for those from disadvantaged backgrounds, education has been the surest path to personal growth,

economic prosperity, and full participation in the life of this nation. Yet at the end of the twentieth century, far too many children are leaving school uneducated and unprepared for their futures. The worsening crisis in American education continues to worry parents, disappoint students, and challenge the nation's leaders.

If the last decade of education reform has taught us anything, it is that schools are complex organizations that require more than piecemeal interventions. The recommendations in this chapter are part of a comprehensive approach — none alone will produce improvements of the nature and scope needed to ensure that every young person will succeed and prosper in the future. Genuine reform must be broadbased, sustained, and comprehensive. It must ensure that every child enters school prepared to learn; that every school offers a challenging curriculum and has the human and financial resources to help every child master it; and that students, parents, and every member of society recognize and value the multiple benefits of education. To achieve less leaves millions of American children with a diminished future.



When people have high expectations for you, your motivation increases, your expectation of yourself increases.

— IMANI PERRY
Boston Teenager

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CHAPTER EIGHT

Supporting the Transition to Adulthood

Adolescence marks the passage from childhood to adulthood. For many young people, it is a time of significant change and adjustment. Their physical development begins to outpace their social and emotional maturity. They become more independent of their families and rely increasingly on peers for advice and approval. Many young people experiment with high-risk behaviors they regard as credentials of adulthood — alcohol and drug use; violent, dangerous, or illegal activities; and sexual activity — often with dire, if not fatal consequences. For most American youth, adolescence is a sustained period of striving to develop a sense of belonging, to acquire a set of useful skills, and to establish reliable and predictable relationships.[1]

The majority of young people emerge from adolescence healthy, hopeful, and able to meet the challenges of adult life. Half of America's 10- to 17-year-olds are doing well and are at very low risk of experiencing problems related to their social behavior. They are progressing in school, they are not sexually active, they do not commit delinquent acts, and they do not use drugs or alcohol.

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Approximately one-quarter of young people are at moderate risk of experiencing problems: they are doing less well in school and may be behind a grade or more; if they are sexually active they are likely to use contraception; they experiment with alcohol or drugs occasionally; and some commit minor delinquent offenses. Most of these young people will become responsible adults and will not suffer any lasting harm, although they will experience some problems and adjustments along the way.

Of great concern, however, are the one-quarter of American adolescents who engage in high-risk behaviors that endanger their own health and well-being and that of others as well. These 7 million young people have multiple problems that can severely limit their futures: most have fallen far behind in school, and some have already dropped out; they engage in unprotected sexual activity, and some have experienced pregnancies or contracted sexually transmitted diseases; some have been arrested or have committed serious offenses; and typically they are frequent and heavy users of drugs and alcohol.[2] Special efforts must be made to reach these young people early and provide them with both the means and the motivation to avoid risky, dangerous, and destructive activities that threaten their prospects for a satisfying adult life, their families, and their communities.

As a society, our concern and involvement must also extend to the three-quarters of adolescents who are at moderate and low risk of serious problems. Their transition to adulthood is often equally difficult as they search for their place in a complex and fast-changing world. Their aspirations — and ours for them — for meaningful work, satisfying relationships, and the chance to participate in the life of their communities are not guaranteed. To achieve these goals, young people need opportunities to explore the world of work, to experience the rewards of community service, and to receive guidance and unwavering support from the important adults around them.

In a discussion with teenage prison inmates in Bennettsville, South Carolina, the National Commission on Children heard poignant stories of how high-risk behaviors that began as youthful experimentation and striving for peer acceptance often resulted in violence and even death. These young men are serving time for crimes that range from drug offenses to homicide; their sentences vary from one year to life. Yet their backgrounds are remarkably similar. Virtually all grew up in low-income, single-parent families without male authority figures or any close role models in their families or communities. Most began to do poorly in school at an early age and eventually

My problem was trying to be accepted outside the home, in the community. Peer pressure's powerful. It's like a psychological drug. The things you would do to please other people...just to be accepted by a person who doesn't really care about you.

— SHELDON CRAWFORD
18-year-old inmate (serving 30-year sentence since age 14 for voluntary manslaughter),
Evans Correctional Institution,
Bennettsville,
South Carolina

dropped out. Their peers encouraged them to try alcohol and drugs, and they began to commit crimes — stealing, mugging, selling drugs — that eventually landed them in prison. Although they were all teenagers, some already had children of their own. What might have changed the course of their lives? Most said they wished they had had higher aspirations and more opportunities, more support from their absent fathers, and more encouragement, guidance, and discipline from the adults in their lives.

The stories of these young men provide a stark contrast to those told by high-achieving high school students in Boston, Massachusetts. These youth, from a wide spectrum of social, economic, and cultural backgrounds, are all doing well academically. Many are leaders in their schools; most plan to attend college. What made the positive difference for these successful young people? Many were from stable, two-parent families. Regardless of whether they lived with one or both parents, however, they could point to other special adults in their lives — older siblings, grandparents, teachers, coaches — who provided guidance and encouragement. They praised their schools, which offer demanding courses and exciting extracurricular opportunities, and their teachers, who have challenged and tutored them. They recognized religious leaders, who offer them support and serve as role models, and they acknowledged friends, who provide moral support and healthy competition.

In the last century and a half, adolescence has become an extended period between childhood and adulthood. Because physical maturity occurs earlier, children now enter adolescence at a younger age. Yet the age of marriage has risen, and as a result, many young people are socially and economically dependent on their parents for a longer time. During this protracted period, all adolescents need to develop a strong sense of themselves, establish close and reliable relationships with peers and adults, feel connected to the communities in which they live, and believe they have some useful role in the larger society.[3] Teenagers also need to recognize their growing responsibility for their own health and well-being and prepare to assume productive adult roles. Adults can and must help young people navigate this critical passage by providing attention and guidance and by involving them in activities that offer hope and opportunity, prevent or remediate high-risk behaviors, bring the worlds of work and school closer together, and create opportunities for young people to contribute to the well-being of their communities. Accordingly, the National Commission on Children recommends that:

- a broad array of community-based supports be available to all young people to promote healthy adolescent development and help them avoid high-risk behaviors that jeopardize their futures;
- public and private efforts be expanded to introduce young people to employment and career options; help them acquire skills, knowledge, and experience in their chosen fields; and link more closely the worlds of school and work; and
- communities create and expand opportunities for service by young people.

High-Risk Youth

Early, unprotected sexual activity, school dropout, drug and alcohol use, and violent, criminal, or delinquent activities are increasingly common behaviors among young people that place them at significant risk of immediate harm and long-term disadvantage. But these high-risk social behaviors are rarely isolated events. Our tendency to view and treat them separately largely overlooks the fact that they are frequently linked, with common antecedents and warning signs.[4]

> **My grandfather, he really pushes me. And that's like he told me, "If you are not doing good in school, if you bring home an 'F' or anything like that" he's really strict on me. I'm going to do what makes him happy.**
>
> **— LARRY MERRITT**
> **High School Student,**
> **Boston, Massachusetts**

Poor School Achievement and Dropout

Dropping out of school is the strongest single predictor of other problem behaviors, including teenage pregnancy, drug and alcohol abuse, and criminal or delinquent activity. At this time, there are an estimated 4 million young adults age 16 to 24 in the United States who have not completed high school and are not enrolled in school.[5] Nationally, almost 30 percent of ninth graders do not finish school four years later, although many of these students eventually earn high school diplomas.[6] In the nation's central cities, school dropout rates are particularly severe, more than a third higher than the national average.[7]

Children held back a grade or more are among those at greatest risk of dropping out. Nationwide, almost 6 million 10- to 17-year-olds are one grade behind in school, and another million are two or more grades behind.[8]

Adolescent Sexual Activity, Pregnancy, and Childbearing

Young people mature physically during adolescence, and their capacity and desire to form close and intimate relationships increases. For every young person, these are normal, healthy developments. For some, however, lack of information and foresight, poor judgment, and peer pressure can lead to damaging sexual exploration or exploitation.

Early sexual activity, pregnancy, and childbearing are epidemic in this country. Premarital adolescent sexual activity in the United States has been increasing for at least the last two decades.[9] Currently, just over one-half of unmarried women age 15 to 19 have engaged in sexual intercourse at least once.[10] By the time they reach age 19, three-quarters of unmarried women and 86 percent of unmarried men are sexually active.[11]

The most visible consequence of this high-risk behavior is teenage pregnancy and parenting. Each year, over 1 million girls under age 20 become pregnant, and almost half give birth. Roughly one-fifth of teenage girls will have one or more babies, and one-fifth will have at least one abortion by age 20.[a] [12] In general, teenage mothers are less likely to complete high school and more likely to set themselves and their children on a course of long-term economic dependence than are young women who delay childbearing until their twenties.[13] Almost 60 percent of families who receive Aid to Families with Dependent Children are headed by women who were teenagers when they had their first child.[14]

Sexually active adolescents who do not use contraception regularly and effectively are at high risk of becoming pregnant. Research indicates that 40 percent of teenage girls who never practice contraception become pregnant within six months of their first sexual encounter, and two-thirds become pregnant within two years.[15] In recent years, condom use has increased among sexually active adolescents. In 1988 58 percent of sexually active young men age 17 to 19 reported using condoms during their most recent intercourse, compared to 21 percent in 1979. Even with the increase, however, approximately one-fifth of young men in 1988 reported that they used no method or an ineffective method of contraception during their most recent intercourse.[16] Contraceptive use has also increased among young women. In 1982 24 percent of sexually active young women age 15 to 19 reported using contraception. By 1988 32 percent reported contraceptive use. This increase largely reflects increased condom use by young couples. One-third of sexually active 15- to 19-year-olds reported they and their partners used condoms in 1988, compared to 21 percent in 1982. Use of oral contraceptives (the pill) among the same age group declined slightly, from 64 percent to 59 percent.[17]

As the average age at first marriage has increased, the proportion of young people who have had multiple sexual partners has grown. In 1988 about 27 percent of young women age 18 to 19 and just under one-quarter of young men the same age had never engaged in sexual intercourse. About one-quarter of young women and about 20 percent of young men reported having had one sexual partner in their lives. About one-third of young women and about 20 percent of young men had had between two and five sexual partners. About 10 percent of young women and more than one-quarter of young men reported six or more sexual partners.[18]

Sexual activity, especially with multiple partners, carries with it the risk of sexually transmitted diseases (STDs). The Centers for Disease Control

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[a] These are not mutually exclusive categories.

estimate that 3 million teenagers contract an STD annually.[19] Further, one-fourth of all adolescents become infected before they graduate from high school.[20] In some areas, up to 40 percent of teenage girls have been infected with chlamydia, the most common bacterial STD.[21] In addition, the Centers for Disease Control report that the syphilis infection rate for young people age 15 to 19 jumped from 15 to 25 per 100,000 between 1985 and 1989. Over 200,000 young people age 15 to 19 were infected with gonorrhea in 1989, and as many as 44,000 were infected with herpes. These diseases can cause serious, lasting health problems, including sterility.[22]

Worst of all, more than 650 adolescents already have AIDS, which has become the seventh leading cause of death for people age 15 to 24.[b]

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[b] Not all of these cases are attributable to sexual activity; some resulted from intravenous drug use.

Since the latency period between HIV infection and the appearance of AIDS symptoms can be as long as 10 years, many of the 34,000 people in their twenties who have the disease now are likely to have been infected as teenagers. Many teenagers may be infected already and not know it.[23]

Finally, because adolescents are still in the process of forming their identities, establishing their self-confidence, and learning how to manage relationships and intimacy, sexual activity before a young person is emotionally mature can be a painful and psychologically damaging experience.

Juvenile Delinquency, Crime, and Violence

America's young people kill and are killed in record numbers. In 1989 3,001 teenagers were murdered — more than twice the number killed in 1965, when there were substantially more adolescents in the population. The number of minors arrested for murder has increased to more than 2,200, almost one-third more than were arrested in 1983.[24] In 1988 for the first time, teenage boys were more likely to die from gunshot wounds than from all natural causes combined.[25]

> **What we say is coming from what we know, not what we hear, not what we think, but what we see. I saw someone dead on some steps of a school that I used to go to, shot over drugs, and I didn't hear that, I saw that.**
>
> **— YOCCA RISEN**
> **High School Student,**
> **Kansas City, Missouri**

Increasing homicides are just one indicator of growing delinquency, crime, and violence among young people. Each year, almost 1.8 million adolescents nationwide are arrested for delinquent offenses, and a growing number of them spend time in jail.[26] Between 1977 and 1987, the number of young people held in correctional facilities on any given day jumped 25 percent, from just over 73,000 to almost 92,000.[27]

Participation in youth gangs is also escalating; a 1990 study reported that there are at least 1,400 gangs and 120,000 gang members operating in large cities, suburbs, and smaller communities throughout the nation. Gang membership is clearly related to delinquency and violence; the rate of violent offenses for gang members is estimated to be three times as high as for nongang delinquents. A survey of law enforcement personnel in 45 cities found that 75 percent of gang members had prior police records and 11 percent of crimes were committed by gang members. In Los Angeles, between 25 and 30 percent of homicides in recent years have been gang-related.[28]

To some extent, drug profits and the increasing demands on law enforcement officials have contributed to the spread of gangs across the country. But even though competition for drug markets contributes to the violence between gangs, most gang homicides appear to result from traditional turf battles.[29]

Drug and Alcohol Use

Despite some recent improvements, drug and alcohol use among young people continues to be a serious problem. An annual survey of high school students indicates that in 1990, just under one-half of seniors reported using an illegal drug at some time in their lives. This is a significant decrease from the high of 66 percent in 1982 and marks the first year since the survey began in 1975 that a majority of students reported never having used an illicit drug. In fact, between 1989 and 1990, student use of every category of drugs decreased or remained the same, with a particularly sharp drop in the use of crack cocaine. These decreases occurred among young people of all races and family income levels, at every level of academic achievement, and in both urban and rural areas.[30] As encouraging as this trend is, however, the disturbing fact remains that a significant proportion of American youth have tried drugs by the time they complete high school, many are regular users, and some suffer addictions.

The findings concerning student use of alcohol and cigarettes are also discouraging. Although the proportion of students who had used alcohol in the past month decreased from 72 percent in 1980 to 57 percent in 1990, the rate remains unacceptably high. Cigarette smoking among students held steady at 29 percent throughout the 1980s. These statistics, however, almost certainly understate the extent of alcohol use and smoking among adolescents, since they are derived from a survey that does not include high school dropouts, who are more likely than their peers in school to use drugs and alcohol.[31]

Young people who engage in these high-risk behaviors typically share several common characteristics. In most cases, poor school performance and low academic expectations are important precursors of later problem behavior. Engaging in one high-risk activity at an early age — for example, smoking or drinking — is often an important predictor of later involvement in other problem behaviors. When parents provide little support, guidance, and supervision, and when they abuse alcohol or drugs, their adolescents are more likely to get involved in potentially harmful, high-risk behaviors. In addition, adolescents in single-parent families are more vulnerable than those living with two parents.[32]

Growing up in a poor, urban neighborhood, where drugs, violence, and predatory behavior are more frequent and sources of support more limited, also places adolescents at significant risk.[33] Parents raising teenagers in these settings express enormous concern about their children's safety and well-being. A nationwide survey conducted by the National Commission on Children found that parents of teenagers living in poor urban neighborhoods were much more likely than other parents — poor or affluent — to express extreme worry that their children will be harmed or engage in risky behaviors. For example, more than 60 percent worry "a lot" that their children will be shot. Approximately 40 percent worry "a lot" that their children

will use drugs, and almost 60 percent worry "a lot" that their daughters will become pregnant.[34]

Many young people believe they have little to lose by dropping out of school, having a baby as an unmarried teenager, using and selling dangerous drugs, and committing crimes. When they lack a sense of hope and the opportunity to get a good job, support a family, and become a part of mainstream adult society, teenagers are frequently not motivated to avoid dangerous or self-destructive behaviors. These youth can see few compelling reasons to avoid or

delay activities that provide immediate gratification. Unfortunately, their actions often make their expectations a self-fulfilling prophecy.

In addition to the personal consequences associated with high-risk behaviors among adolescents, there are substantial costs to society. None of us is secure when one-quarter of our young people are at risk. Violence and crime prey on people living in poor communities, but they also spill over into more affluent neighborhoods. Each year's class of dropouts costs the nation approximately $260 billion in lost earnings and foregone taxes over their lifetimes.[35] More than $20 billion per year is spent at the federal level alone for Aid to Families with Dependent Children, Medicaid, and food stamps for families begun by a birth to a teenager.[36]

Transition from School to Work

The transition from school to work is an important turning point in every young person's life, a necessary step that enables him or her to become an independent and self-supporting adult. While statistics indicate that the vast majority of young people move from school to work by the time they reach their early twenties, this transition is not always smooth or successful. Too many young people leave school without the basic skills they need for daily life and employment, and they lack support and guidance as they try to find their place in the world of work.

Most of the nation's young people successfully complete high school. Approximately 86 percent of young adults have received a high school diploma or general educational development (GED) credential by the time they reach age 30. Approximately one-fifth of young adults age 25 to 29 have finished four or more years of college.[37]

Many young people start working while they are still in high school, and their participation in the labor force increases as they get older. During the school year, approximately two-fifths of 16- and 17-year-old high school students are working or looking for work; this proportion increases to more than one-half during the summer. By their early twenties, more than 70 percent of young adults are in the labor force, and most of those who are not are still in school or are caring for their children full-time.[38]

Regardless of their educational attainment, however, a substantial proportion of young people lack the basic skills necessary to successfully manage their daily lives and find good jobs. A recent assessment of 21- to 25-year-olds by the U.S. Department of Education found that only 38 percent could calculate the change they were owed from a two-item restaurant meal, only 37 percent could find information in lengthy news articles, and only 20 percent could use bus schedules.[39]

In addition, employers report that many of today's high school graduates lack the basic skills, habits, and attitudes necessary for employment. Employers want, and often have difficulty finding, new employees who are able and willing to learn new skills, who can communicate clearly and effectively, and who can think creatively and solve problems. Employers also report a shortage of new workers who exhibit positive attitudes and behaviors such as honesty, reliability, self-discipline, and cooperativeness.[40]

The transition from school to work is particularly difficult for students who do not attend college. Most high schools do not view job placement as part of their educational mission, leaving students who are not college-bound to build their own bridges to the world of work. Yet there are few good jobs for recent high school graduates; most employers prefer applicants with more education or experience. Too often, non-college-bound youth are relegated to minimum wage positions and dead-end jobs. Dropouts fare even worse in a job market in which a high school diploma is usually a prerequisite for consideration. Lacking basic skills and the know-how and guidance to move smoothly from school to work, high school graduates and dropouts experience considerable turnover in jobs and earn significantly less than their college-educated peers.[41]

As a nation, we can no longer afford to leave substantial numbers of young people without the basic skills necessary for daily life and employment and without more systematic guidance as they make the transition from school to work. During the 1990s, the U.S. population is expected to grow at only 0.9 percent per year, the lowest growth rate since the Great Depression. Similarly, the labor force is expected to grow by only

1.2 percent per year during the 1990s, less than half the annual growth rate of the 1970s.[42] As these slowdowns occur, economic growth will depend on both increased labor force participation and increased productivity.

Finding new ways to enhance productivity is critical as the U.S. economy moves from a manufacturing base to a service base. To avoid stagnation or a decline in productivity, new labor force entrants must have the education and training to make the same gains through the use of technology in the service sector that the country realized through automation in the manufacturing sector a generation ago.[43]

Education and training are also vital in preparing young people for the jobs of the future. Several recent studies indicate that the job mix of the nation's economy is changing and that newly created positions will require higher levels of education and skills. For example, *Workforce 2000*, sponsored by the Hudson Institute, projects that employment opportunities for professional, technical, managerial, sales, and service jobs will far exceed those in other fields. While only 22 percent of jobs today require a college education, more than half of all new jobs created by the end of this century will require some education beyond high school, and nearly one-third will require a college degree. In addition, the fastest-growing occupations will require much higher levels of language, math, and reasoning skills than jobs in fields that are growing slowly.[44]

Very large numbers of new jobs will also be created in some medium- to low-skilled fields. *Workforce 2000* estimates that half of all new jobs will be in the service, administrative support, and marketing and sales fields. While these jobs may require more modest levels of skills than those in the fastest-growing occupations, workers will be expected to read and understand directions, make mathematical computations, think clearly, and communicate effectively.[45]

These projections are controversial. Some analysts argue that they overstate the future disparity between new jobs and skill levels,[46] while others maintain that the shortage of educated workers will be even greater.[47] Either way, if the United States is to remain economically strong and competitive, it must forcefully address the realities of a changing economy. In the past, American industry could count on the rapid expansion of the labor force and increases in productivity in the manufacturing sector to keep the national economy strong and growing. In the future, the nation will need to rely on the preparation, participation, and productivity of every worker. For this reason, all young people must have the education and training they need to develop to their full potential, as well as the guidance and support they need to make a smooth transition from school to work.

A Better Future for All America's Youth

Young people need to be motivated to set ambitious goals for themselves. They also need strong support from caring adults to help identify opportunities and take full advantage of them. Some young people, especially girls, experience sharp drops in self-esteem, self-confidence, and personal expectations during adolescence.[48] Too many adolescents believe that their educational and employment opportunities are limited, at best, and thus see little reason to stay in school, avoid pregnancy, or obey the law.

Unfortunately, too few adults invest the personal time and effort to encourage, guide, and befriend young people who are struggling to develop the skills and confidence necessary for a successful and satisfying adult life. Many young people never have the opportunity for personal growth and satisfaction through creative and compassionate service to others. Our current system of services and supports to adolescents includes relatively few programs that promote healthy development by discouraging high-risk behaviors and facilitating the transition from school to work. The combined result of these adult failures is to deny many young people both the means and the motivation to prepare for adulthood. Our present course of action — or inaction — virtually ensures that there will always be more adolescents and young adults in need of help than there is help available to them.

Preventing High-Risk Behavior

In an effort to establish their own identity and independence, some adolescents become isolated from their families and seek acceptance and approval from peers, who may encourage them in dangerous or unwise activities. Without adult support and guidance and without the means for achieving their aspirations, too many young people can take potentially damaging, even fatal missteps.

The National Commission on Children recommends that individual adults, communities, and the public and private sectors take aggressive steps to ensure that all young people have access to a broad array of supports in their communities to promote healthy adolescent development and help them avoid high-risk behaviors — including school dropout, premature sexual activity, juvenile delinquency, crime, violence, and alcohol and drug abuse — that jeopardize their futures. Some commissioners believe that premarital sexual activity at any age is both wrong and harmful. Others believe that marriage and sexual activity should be delayed until young people are able to bear the responsibility of planning and supporting a family.

Young people need hope and opportunity. They need high aspirations and a realistic sense of what it takes to achieve them. They need encouragement and support for their efforts and equal opportunity to compete and excel. As a nation, we can help make this possible through individual efforts and organized programs that discourage high-risk behaviors among all young people and help those already experiencing problems cope with the consequences of their actions.

Individual Efforts. During adolescence, young people become increasingly independent of their parents and assume greater responsibility for their own actions. But if this natural process of gradual separation becomes isolation, the results can be damaging. Adolescents still need adults they can turn to for advice and encouragement. They need role models for personal and vocational conduct, and they need to see adults from backgrounds similar to their own who are successful in a chosen career, respected in their community, and actively involved in family life.

Certainly, parents have the primary responsibility for guiding their children and teaching through example. But other caring adults can also play a central role in young people's lives by providing support, counsel, reinforcement, and constructive examples. Teachers, neighbors, employers, clergy, and counselors often act as informal mentors and role models for young people. Mentoring provides an immediate, tangible response to a young person through a caring personal relationship, one person to another. The involvement of caring and committed adults can buffer many adolescents from troubled families from the problems they face at home. Community organizations and religious institutions, which include in their mission conveying moral values to young people, often provide a context for these relationships to develop.

Many community organizations have undertaken large-scale efforts to link young people — especially low-income youth and those with disabilities, who may be isolated from the mainstream — with adults who offer guidance, support, tutoring, and assistance in preparing for college or employment. The National Urban League, for example, sponsors a program that matches college-age fraternity brothers from Kappa Alpha Psi, the national black fraternity, with inner-city boys age 11 to 15. The older youths get together with the younger ones several times a week to provide tutoring, join them in recreational and community service activities, and communicate the message, "Don't make a baby if you can't be a father."[49]

Teachers are mentors, counselors are mentors, doctors in the community can be mentors, nurses can be mentors. They come from everywhere. Students can be mentors. There's no special pool, there's no special consideration other than compassion and caring that makes a good mentor.

—TERRY WILLIAMS, Ph.D.
Professor of Anthropology,
City University of New York,
New York, New York

The Commission applauds adults who alone or as part of an organized effort take the time to know and help an individual youngster. We urge every community to create additional opportunities for adults to work one-to-one with young people.

Programs and Services. Encouragement and guidance are critical, but they are not sufficient. Young people also need the means to pursue their dreams and reasons to avoid reckless or harmful behaviors that place their futures in jeopardy.

In the United States, education remains the principal route to a satisfying adult life. Increasingly, failure to complete school is a powerful precursor of long-term disadvantage. The National Commission on Children believes that all children deserve an educational foundation that enables them to believe in their futures and achieve their goals. In Chapter 7, the Commission offers recommendations that lay this foundation.

Education is not a magic bullet, however. Adolescents need other opportunities to learn about themselves and the world around them, to develop and test new skills and abilities, and to receive full and accurate information about sexuality, drug and alcohol abuse, and other high-risk behaviors. The Commission recommends that every community establish or strengthen a network of community-based

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youth services to ensure that young people have both the motivation and the means to achieve their aspirations.

A significant body of research indicates that, while successful programs for adolescents differ dramatically in nature and scope, they share several features. They make each young person feel special and important, offering intensive, individual attention. They involve the important people and institutions in a young person's life, starting with parents and including peers, schools, and communities. They offer a range of services and programs to respond to the multiple needs and interests of young people, including recreation, academic tutoring, life options, counseling, and other health and mental health services. They also expose adolescents to a broad array of work and social experiences, helping them develop the social skills to cope with peer pressure and to make informed, responsible decisions about their future.[50]

The Commission strongly urges all programs and services for youth to make special efforts to involve parents and to respect their values, taking care not to undermine parents' important role and influence in adolescent decision making. Parents are the first people youngsters should turn to for the support and guidance they need to avoid high-risk behaviors and for help in exploring life options. Whenever possible, programs should build upon and encourage strong parent-child relationships. Research indicates that programs that involve parents in home visits with adolescents and those that offer parents well-defined roles, such as school aides, coaches, and youth leaders, are particularly effective.[51] In some cases, however, parents are unwilling or unable to provide support and guidance, or family relationships make it impossible for young people to discuss personal concerns with their parents. When this happens, programs and services must still be available to young people who seek help.

Programs that include pregnancy prevention among their goals should focus on young men as well as young women. Young men are often ignored or excluded, in part because pregnancy still is seen largely as a woman's problem and responsibility and in part because young men are often harder to reach. Greater effort and attention should be devoted to developing effective pregnancy prevention programs aimed at young men.

The federal government addresses the problem of adolescent pregnancy primarily through the Family Planning Service Program (Title X) and the Adolescent Family Life Program (Title XX) of the Public Health Service Act. Title X provides family planning services, including medical, counseling, social, and educational services, to men and women of all ages, including adolescents. Title XX provides demonstration grants for developmentally based social service programs that encourage adolescents to delay sexual activity, provide services to pregnant and parenting teenagers, and promote adoption as a positive alternative to adolescent parenting.

Programs that focus exclusively on pregnancy prevention, however, are less likely to be effective than those that have a broader focus, helping young people explore life options, develop concrete goals, and avoid high-risk behaviors. Among the preventive services that should be available to every adolescent are:

- tutoring and other school assistance;
- drug and alcohol prevention;

- peer support activities;
- opportunities to explore life options and plan their futures;
- family life programs that urge abstinence to prevent pregnancy and sexually transmitted diseases;
- comprehensive health services, including family planning and contraception for those adolescents who are sexually active;
- opportunities for recreation and cultural enrichment; and
- opportunities to learn about and explore their community.

While an array of community-based services for young people will help many avoid problems, there will always be some young people who engage in high-risk behaviors. These adolescents need the services highlighted above, but they also need special, individualized attention and intensive, comprehensive services that meet their multiple needs and help bring them back into the mainstream. In particular, they need dropout remediation, substance abuse treatment, job skills and job search training, counseling and supervision for juvenile offenders, and services for pregnant and parenting teens.

Across the country, youth service organizations, religious and community organizations, neighborhood groups, schools, voluntary associations, and cities are already providing critical community-based prevention and treatment programs for adolescents. These efforts should be expanded and should be linked within communities to form a comprehensive network of support for adolescents.

Kids need to feel they belong. If I don't show up, will I be missed? Kids need to know that they're needed, whether or not they're smart or good athletes.

— RICH DAVEY
High School Student,
Randolph, Massachusetts

Bringing the Worlds of School and Work Closer Together

The nation must do more to prepare young people for productive roles in the paid labor force. Too many now enter the work world without the knowledge, skills, and practical experience to secure jobs, perform them well, or advance in a chosen career. Unless the nation places higher priority on helping young people make a successful transition from school to work, we will lose the potential of many future workers and jeopardize the nation's economic strength and security. Every young American must have an opportunity to find a productive role in society.

The National Commission on Children recommends that parents, schools, employers, and government initiate or expand efforts to introduce young people to employment and career options; to help them acquire the skills, knowledge, and experience for their chosen fields; and to link more closely the worlds of school and work.

Parents. Parents play a critical role in helping young people develop the skills, attitudes, and habits that are necessary to be successful in the labor force.[52] When parents hold steady jobs and earn a living, adolescents are more likely to appreciate the importance of regular employment and economic self-sufficiency. Adolescents also rely on their parents more than anyone else for advice on education and employment plans. But parents' attitudes toward and knowledge about the world of work are influenced — and in many cases limited — by their own experiences.[53] Schools, businesses, and community groups therefore should join together to provide parents with information and support to help their children plan and achieve employment goals.

Under the right circumstances, work experience by high school students can be valuable. To the extent that part-time employment promotes self-esteem, builds work-related skills and behaviors, and provides exposure to positive role models, student employment can be a beneficial experience. Even a low-skill job that offers little opportunity to advance can establish the foundation for better jobs and self-sufficiency if it is supplemented by additional skills training and supports.[54] Yet if students work too many hours (in excess of 15 or 20 hours per week during the school year), employment may detract from their commitment to schooling, weaken their relationships with parents and siblings, promote delinquency, and foster cynicism about work.[55] Therefore, we urge parents to help teenagers plan reasonable workloads and monitor their work experiences, and we urge teachers and employers to support parents in these efforts.

Schools. A student who does not master basic competencies in school faces sharply limited opportunities in the job market.[56] Unfortunately, too many students leave school without the basic academic skills, problem-solving proficiencies, and work-related behaviors necessary for future success. We underscore here the critical importance of the Commission's recommendations presented in the previous chapter for restructuring the nation's educational system so that all children can acquire the knowledge and skills they need to become productive members of the labor force.

While all students have the capacity to learn, they do not all acquire knowledge and develop skills in exactly the same way. Some learn best through traditional academic approaches. Others may be more successful in programs that provide special individualized help, allow more time to understand concepts, or use alternative teaching methods (for example, computer-assisted instruction or experiential learning).[57] In response, school districts throughout the United States have created alternative learning environments, many that place special priority on educating students who are at risk of dropping out or who have already left school before earning a high school diploma. Through Minnesota's Enrollment Options Programs, for example, almost 7,000 high school students are enrolled in Area Learning Centers that offer individual education plans to students who, for a variety of reasons, have difficulty in traditional school settings. Many of these students are dropouts returning to school; others are teenage parents. We urge states and local school districts to create and expand alternative educational programs for high-risk students who otherwise may not complete high school and develop the skills necessary for productive work.

In addition to a sound educational foundation and basic skills, American students need opportunities to see first-hand how their education relates to the world of work. Across the country, many schools are exploring innovative forms of applied learning, including cooperative education programs, which combine periods of classroom instruction with related work experience, and internships, where students work for a limited period of time in a selected position or field. For many young people, these experiences offer substantial benefits. Most students are more motivated to learn when they are able to see how academic skills such as mathematics or computer literacy are actually used in the workplace. Students gain important exposure to the world of work and learn critical lessons about responsible employee behavior and professionalism. Applied learning experiences also expose students to career options and contacts that may be useful when they begin to search for a job. Finally, some students learn job-specific skills that they eventually use when they join the labor force.[58]

Employers. In recent years, the business community has expressed increasing concern about the quality of the future labor force. As a result, some national business organizations and private sector leaders have added their voices to the rising call for federal and state initiatives to improve the health and education of the nation's children. In addition, many employers have acted in their own communities, offering student internships, donating computers and lab equipment to local schools, working with school administrators to integrate workplace experiences with academic study, and matching company employees with students in tutoring and mentoring programs.[59] The National Commission on Children urges the nation's employers to continue and expand their involvement with schools and students in their communities as an important investment in tomorrow's labor force.

One group that is often overlooked by employers are youth with disabilities. Currently, there are many innovative strategies to help these young

people make the transition from school to work. Employers can minimize physical barriers, adapt job responsibilities and work methods, employ job coaches who help new workers adjust to the workplace, and offer individualized on-the-job training and counseling.[60] We urge special attention to the needs of this group.

Government Programs. Several federal programs are aimed at improving the job prospects of educationally and economically disadvantaged

youth and young adults. These include the Job Training Partnership Act, Job Corps, and the Job Opportunities and Basic Skills training program for recipients of Aid to Families with Dependent Children. Each operates at the federal, state, and local levels with both private and public sector involvement.

The Job Training Partnership Act (JTPA) is a federal program for the economically disadvantaged. Young people are served primarily under Title II-A, a job training block grant that reserves 40 percent of funds for young people age 16 to 21; Title II-B, a summer employment and training program for youth; and Title IV-E, the Job Corps program. As currently organized, JTPA measures the success of its job training efforts by how quickly it places participants in the labor force. Unfortunately, however, this focus on short-term success creates an incentive to "cream," or select participants who need the least assistance and are easiest to place.

Misguided incentives also contribute to an overemphasis on job referral and placement activities rather than actual skills training.[61]

To correct these problems, the National Commission on Children recommends that a higher proportion of job training services be targeted to the most disadvantaged youth populations, including those who are poor, lack basic skills, have dropped out, are pregnant or parenting, or have limited proficiency in English. Job search assistance should be provided in conjunction with other forms of training and skills remediation, and evaluations of the program should include some measures of skill enhancement. Services for young people should also be funded separately from those for adults, to encourage program administrators to design services that will be more comprehensive, intensive, and responsive to the special needs of youth.[62]

We further recommend that the Job Corps component of JTPA be expanded over the next decade to increase participation from its present level of approximately 62,000 a year[63] to approximately 93,000 a year. Jobs Corps is a residential program that provides intensive remedial education, skills training, and work experience for extremely disadvantaged 14- to 21-year-olds. The average Job Corps enrollee is an 18-year-old high school dropout who reads at the seventh grade level, comes from a poor family, and has never held a full-time job.[64] Evaluations of the program show that its graduates are more likely than nonparticipants with similar backgrounds to earn a high school diploma and to hold a job. Their earnings are also typically higher, and they are less likely to receive welfare or unemployment benefits or to be arrested.[65]

Creating Opportunities for Community Service

Adolescent development is enhanced when young people are able to assume meaningful roles and responsibilities and to contribute directly to the well-being of others. As discussed in Chapter 3, feeling helpful and needed are important protective factor for young people who might otherwise have trouble finding their way to responsible adulthood. Community service are important wav for adolescents to contribute to those around them and discover useful roles in society. They can staff soup kitchens, tutor their peers and younger children, visit shut-ins and the elderly, and improve their neighborhoods through construction and cleanup projects. These and countless other volunteer activities help young people gain self-esteem and realize their own efficacy. They can also build skills that prepare young people for the work force, present them with constructive alternatives to high-risk behaviors, and lay a foundation for lifelong civic participation. Community service also promotes stronger ties and better communication between young people and their communities, in the process combating the often negative stereotypes of adolescents.[66] ***Accordingly, the National Commission on Children recommends that communities create and expand opportunities for community service by young people.***

Many schools across America have made community service an integral part of classroom activities and assignments or have offered it as an extracurricular activity. Some states and school districts have gone even further. Vermont, for example, requires students to complete research or citizenship projects, which many fulfill through community service. Maryland requires all of its school districts to offer credit for volunteer service. In Atlanta and Detroit, community service is a prerequisite for graduation.[67]

Young people also have access to service opportunities through organizations and institutions in their communities and through local and state programs. Youth service organizations, such as 4-H Clubs, Boys' and Girls' Clubs, and Scouts, and community institutions, such as churches, synagogues, and hospitals, have traditionally been important sponsors of community service activities for young people. In addition, there are currently about 50 state and local youth corps programs that operate year-round or during the summers and involve over 50,000 participants annually.[68] These programs provide valuable community service as well as opportunities for young people to improve their skills and employability. For example, in addition to their service to the community, 19 of the 23 young people who participated in the Philadelphia Youth Service Corps between May and August 1990 improved at least one grade level in reading or math.[69]

All of these programs offer important community service opportunities for young people and should, we believe, be supported, expanded, and adapted by others. Community service should become an integral component of the nation's efforts to help young people develop a sense of competence, feel needed within their communities, and learn to assume productive adult roles.

It's those little communities that make good citizens in the big world...They teach that if you don't do it, there's no one out there who's going to make it any better.

— MARK FRAIOLI
High School Student,
Sharon, Massachusetts

Costs and Benefits

Many of the recommendations presented in this chapter call for individual and private sector commitments of time, effort, and money. We are convinced that these community-level investments in mentoring, working with

schools, and hiring and training young people will help reduce high-risk activities among youth and encourage them to become productive participants in the labor force and responsible members of their communities — benefits that will, in the long run, far outweigh the costs. Moreover, some expenditures, such as those to support community service activities, will yield more immediate returns; America's high school and college students currently contribute at least 250 million hours of service annually through federal, state, and local programs, with an approximate value to society of more than $1 billion.[70]

The federal government and society at all levels will also benefit from helping all adolescents avoid high-risk behaviors and make a smooth and successful transition to adulthood. Young people who develop the character and skills to become responsible adults are more likely to work and pay taxes and less likely to need public assistance or spend time in prison. In order to realize these benefits, the federal government should share the costs of preparing young people for adulthood. We recommend that Congress appropriate $15 million for demonstration projects to expand community-based prevention and treatment programs for adolescents. The focus of these demonstrations should be to provide incentives for existing programs to coordinate their services and form a comprehensive network of support for young people.

In this regard, we also recommend expansion of the Adolescent Family Life Program, (Title XX) which encourages young people to abstain from early sexual activity in order to prevent pregnancy and sexually transmitted disease. The National Commission on Children recommends that Congress appropriate an additional $33 million, bringing total program funding to approximately $40 million, which is comparable to the level of funding for Title X family planning services for teenagers. We also recommend continued evaluation of these innovative programs to identify effective models and determine the most appropriate directions for subsequent expansions.

Evaluations of the Job Corps over its 25-year life have found it to be a cost-effective program, yielding approximately $1.46 in benefits for every dollar invested.[71] Expansion of the program from 62,000 to 93,000 participants a year should occur gradually over 10 years through the establishment of 50 new centers in areas currently underserved by the program. These expansions should take place without compromising program quality. As a first step in this expansion, we urge Congress to appropriate $160 million to establish 10 new centers and to appropriate sufficient funds to establish 10 more centers each year for the next four years. Centers generally become operational in three years; therefore, an additional $84 million in operating funds will be needed in the third year for the first 10 new centers. Similar additional amounts will be needed in the fourth, fifth, sixth, and seventh years, as the remaining new centers become operational. Finally, we recommend an additional evaluation in the middle years of this decade-long expansion to determine the most appropriate directions for subsequent expansion.

If the school and the community and the newspaper would encourage our kids to be somebody, then they would be somebody. I think that's what it's all down to. Encouragement, support — whether it be family, communities, school, whatever — it's just support, not articles calling us "the lost generation."

— KIA TAYLOR
High School Student,
Cambridge,
Massachusetts

Conclusion

Some people view adolescents as self-sufficient young adults who no longer need adult support and guidance. Others view them as idle, aimless, and potentially threatening. Neither stereotype is accurate or fair. Both betray an unwillingness to invest time, attention, and resources in young people at a critical juncture in their lives. The result is to set many adolescents adrift in an adult world before they have the knowledge, skills, and maturity to cope with the challenges before them. Some will face futures of low productivity and lost potential. Others will be hurt or killed, through their own careless actions or those of others. These are personal tragedies and tremendous social losses.

We see no reason to believe that young people today are less talented, resourceful, or caring than young people in the past.[72] But the world around them is very different. The options all adolescents face are more diverse, the demands upon them are greater, and in many cases their sources of support are more limited. For their sake, and for ours, we must ensure that every young person enters adulthood confident, hopeful, and able to achieve his or her potential.

Our notion of the perfect society embraces the family as its center...Nor is there a paradise planted till the children appear in the foreground to animate and complete the picture.

— AMOS BRONSON ALCOTT
American Educator

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CHAPTER NINE

Strengthening and Supporting Families

The condition of children's lives and their future prospects largely reflect the well-being of their families. When families are strong, stable, and loving, children have a sound basis for becoming caring and competent adults. In contrast, when parents are unable to give children the affection and attention they need and to provide for their material needs, children are far less likely to achieve their full potential. Many of the nation's gravest social problems are rooted in damaged families.

Strong, stable families are largely the product of social forces, and they are amenable to social action.[1] When society values children and the quality of family life, individuals, families themselves, and outside institutions are moved to make the necessary commitment and create supportive environments at home, at school, at work, and in the community. The nation's laws and public policies should reflect sound family values and should be aimed at strengthening and supporting families in their childrearing roles. In addition, social programs, including those that increase families' income security and those that provide essential services such as prenatal care, child health services,

child care and early child development, education, family support, and emergency assistance, play a key role. The processes of raising competent and responsible children who have self-esteem, who feel valued, and who are likely to become successful parents themselves are, as author Lisbeth Schorr observed, "so subtle, so private, so internal to the life of the family that they seem at first blush beyond the reach of social policy."[2] Yet the value that society places on families and the way it supports their needs have a great deal to do with how children fare.

All families rearing children need outside support, whether it comes from relatives, friends, neighbors, or more organized sources. Families at risk, including single parents, teenage parents, and parents with low incomes, often need special assistance to cope with the stresses and strains of daily living, as well as the crises that are so common in high-risk environments. The causes of family problems — poverty, inadequate education and job skills, poor parenting skills, substance abuse, family violence, and the like — must be addressed. In addition, making outside support available can help parents mitigate the harmful effects of environment and circumstances on their children. Because families are the cornerstone of children's development, the National Commission on Children recommends that:

- individuals and society reaffirm their commitment to forming and supporting strong, stable families as the best environment for raising children;
- parents share responsibility for planning their families and delay pregnancy until they are financially and emotionally capable of assuming the obligations of parenthood;
- government and all private sector employers adopt family-oriented policies and practices — including family and medical leave policies, flexible work scheduling, and career sequencing — to enable employed parents to meet their work and family responsibilities;
- government, communities, and employers continue to improve the availability, affordability, and quality of child care services for children and families that need them; and
- government, in partnership with private community organizations, develop and expand community-based family support programs to provide parents with the knowledge, skills, and support they need to raise their children.

Forming Strong, Stable Families

Families formed by marriage — where two caring adults are committed to one another and to their children — provide the best environment for bringing children into the world and supporting their growth and development. Where this commitment is lacking, children are less likely to receive care and nurturing, as well as basic material support. Research on the effects of single parenthood confirms that children who grow up without the support and personal involvement of both parents are more vulnerable to problems throughout childhood and into their adult lives.

Americans seem to agree on "the ideal of a strong family" and the importance of marriage. The vast majority of men and women in this country express a personal desire for marriage, and between 85 and 90 percent actually do marry.[3] More than 70 percent of adults believe that marriage is a lifelong commitment that should be ended only under the most extreme

We'll teach children how to drive, how to do homemaking, a variety of things, but we don't teach very much about the most important role that any of us ever take on, which is the role of parent.

— EDWARD ZIGLER, Ph.D.
Sterling Professor of Psychology,
Yale University,
New Haven, Connecticut

circumstances.[4] Moreover, the Commission believes that virtually all children, if given the choice, would opt to grow up with both parents in a traditional family arrangement.

Yet many observers express increasing concern about the "deinstitutionalization of marriage." The divorce rate in the United States has quadrupled in the past three decades: approximately half of all marriages now end in divorce.[5] Indeed, the United States has the highest divorce rate in the world.[6] Even more alarming is the high and growing rate of out-of-wedlock childbearing. Today, approximately one in four children in this country is born outside of marriage, compared to only 1 in 20 in 1960.[7]

Although these trends have been widely reported and studied, explanations for them differ. Some observers attribute the rise in divorce to the passage of no-fault divorce laws, which make it easier to end a marriage. Others suggest that while past generations of women were locked into marriage for economic reasons, more women today are able to support themselves independently and can therefore leave marriages that are unhappy or dysfunctional. Still others point to a growing social acceptance of divorce in American society, even when children are involved. A 1962 survey of young mothers found that half believed couples with children should stay together even if they did not get along; by 1985, fewer than one in five felt that way.[8]

Similarly, many explanations have been advanced for the increase in out-of-wedlock childbearing. Some analysts suggest that declining opportunities for economically disadvantaged young men have made it nearly impossible for them to support families, making them less attractive marriage partners.[9] Others highlight the growing social acceptance of premarital sex and early, unmarried childbearing, especially in low-income communities.[10] Still others point to the growing number of young people who perceive their opportunities for the future as so limited that bearing a child is one of the few achievements they can look forward to. [11]

Observers also suggest that public policies and workplace practices may inadvertently discourage individuals from forming families or contribute to the breakdown of marriages. At the federal level, for example, there is a "marriage penalty" in the tax law; currently, a married couple pays higher taxes than two single adults with the same income who live together. At the state level, Aid to Families with Dependent Children, a public assistance program targeted primarily at single mothers and their children, is available only on a very restricted basis to families where the father is present and both parents are unemployed. As a result, some couples who conceive children out of wedlock may be discouraged from marrying, and some fathers may choose to live apart from their families to ensure that they receive public assistance. Finally, workplace practices that require parents to work long hours or to travel frequently or that deny them the scheduling flexibility to attend to family needs place strains on even the strongest marriages.

When parents divorce or fail to marry, children are often the victims. Children who live with only one parent, usually their mothers, are six times as likely to be poor as children who live with both parents.[12] They also suffer more emotional, behavioral, and intellectual problems. They are at greater risk of dropping out of school, alcohol and drug use, adolescent pregnancy and childbearing, juvenile delinquency, mental illness, and suicide. [13] This is not to say, however, that all children in single-parent families are harmed or are affected in the same way. Research indicates that children's age and gender influence their vulnerability and the likelihood of adverse consequences. At most ages, problems seem to be more pronounced for sons than for daughters. Since most single-parent families are headed by mothers, this underscores the critical role that parents of the same gender play in their children's development. Consequently, daughters may adjust better in mother-headed households, while sons may adapt better in father-headed households. [14]

When their parents divorce, many children experience a difficult period of adjustment. Depression, trouble getting along with parents and peers, misbehavior stemming from anger, and declining school performance are all common. Many of these problems continue or worsen as children get older. When their custodial parents remarry, children are usually better off financially, but they often go through another period of disruption and adjustment, one that can take longer and be even more difficult than the initial one. Girls just entering adolescence are especially vulnerable to emotional distress, which can hurt their school performance and their relationships with friends and family members.[15]

Experts generally agree that divorce is less harmful to children than living with parents who physically or psychologically abuse each other or their children. Yet many analysts believe that conflict this extreme occurs in only 10 to 15 percent of marriages.[16] Therefore, recognizing the devastating impact of divorce on children, many marriage counselors and therapists have begun to emphasize ways of solving family problems within marriage.[17]

Childbearing outside of marriage, especially among teenagers, also has negative consequences for children. In the absence of adequate prenatal care, children of teenage mothers are more likely to be born prematurely and at low birthweight, which places them at risk of a variety of serious health and developmental problems. They are also at greater risk of lower intellectual and academic achievement and of behavior problems. As adults, they tend to have more difficulty forming and sustaining strong marital relationships. Tragically, daughters of teenage mothers are themselves very likely to have babies out of wedlock while they are still in their teens.[18]

The distress many children in single-parent families face undoubtedly stems from the fact that one parent is struggling to do the job of two. Single parents are often under excessive stress; they have too much to do, and they feel socially isolated. Family stress, from whatever source, reduces parents' capacity for nurturing and increases the likelihood of abuse and neglect. The routines of family life are often disrupted and disorganized.[19] Children's need for coherence, structure, and predictability are undermined in families where parents are overwhelmed by their own struggle for emotional and financial survival. Moreover, children living with only their mothers frequently lack the consistent attention and support of their fathers, and they have no male role model and authority figure in their homes. Under these circumstances it may be difficult for them to develop a concept of responsible fatherhood. Economically disadvantaged boys, who often lack competent and caring male role models in their communities as well as their homes, may grow up with few of the social and emotional resources required for parenting when they reach adulthood.

Existing social science research has largely focused on the antecedents and consequences of family problems that impair parents and place children at risk of failing to develop into competent and caring adults. Yet a growing body of complementary research has attempted to discover the conditions and patterns of behavior that make for strong, stable families. Such studies are aimed at examining how negative behavior patterns can be prevented or modified to enable families to nurture children effectively.[20] This work suggests that there are several identifiable characteristics of strong families. Among the most important of these is clear, open, and frequent communication among family members.[21] Similarly, strong families cultivate a sense of belonging to a warm, cohesive social unit, while at the same time nurturing the development of individual strengths and interests. In successful families, members provide one another mutual support, recognition, and respect, and they are willing to make sacrifices if necessary to preserve the well-being of the family.[22] A religious or spiritual orientation is an important characteristic of many strong families; so is the ability

It starts with the family. Parents should talk to their kids.

— LEANDRA LEDOUX
High School Student,
East Boston,
Massachusetts

to adapt to and cope with stressful and potentially damaging events, as well as predictable life cycle changes. In part this adaptability relates to the family's social connectedness and the availability of friends, extended family, neighbors, and community organizations to lend a hand.[23] Finally, in strong families, members tend to have clear, well-defined roles and responsibilities, and they enjoy spending time together.[24] Although there are very few studies of minority families, one study suggests that among black families, a sense of racial pride or consciousness is an important indicator of strength. So, too, is a secure economic base, involving a steady source of income and a strong work orientation.[25] Research on successful families is highly relevant to public initiatives and individual efforts to promote family health and well-being. Yet research to date has generally been based on small samples of white, middle-class, two-parent families and therefore may not be representative of other segments of the population, especially racial and ethnic minorities and low-income families.[26]

The National Commission on Children urges individuals and society to reaffirm their commitment to forming and supporting strong, stable families as the best environment for raising children. Creating and maintaining competent and caring families requires a renewed recognition of the value of family life and a commitment to creating an environment in which families, and the children in them, can flourish. When marriages come apart or fail to form, the greatest negative effects are on children. Accordingly, we affirm the ideal of two-parent families but we do not overlook society's special obligation to protect and nurture vulnerable single-parent families. The Commission strongly believes that all families should receive the support they need to be strong and stable. To this end, all of society — individuals, communities, and public and private sector leaders — should make conscious efforts to promote family values and to support the formation and functioning of healthy families.

The Commission recommends that individuals who are considering marriage have access to premarital counseling in their communities to help them understand and prepare for the responsibilities of marriage and parenting. These services, which are currently offered by many religious institutions, enable couples to identify and work through important issues and to address potential problems before marriage. Similarly, marriage counseling should be available to all couples who are seeking to strengthen their families and to resolve conflicts. The Commission also urges an examination of public and private policies and programs to eliminate inadvertent barriers to marriage and childrearing, such as tax penalties and welfare policies. Finally, some commissioners believe that states should strengthen mechanisms to slow the divorce process for couples who are raising children.

Preparing for Parenthood

When children are born wanted, to parents with the emotional and financial resources to care for them, they have "a leg up on the future."[27] Research confirms that these children are more likely to be born healthy because their mothers are more likely to get early and regular prenatal care, to eat healthful diets, and to avoid high-risk behaviors, such as smoking and alcohol and drug use. They are also more likely to be born into a loving and nurturing home environment that encourages healthy growth and development.[28]

In contrast, the risks of poor birth outcomes — prematurity, low birthweight, congenital defects — are all much higher when pregnancies are unplanned and unwanted. Poor birth outcomes are also more likely when births are spaced too closely and when mothers are very young, older, or have already had a large number of children.[29] The negative consequences of being born unwanted or to a mother at high risk of poor birth outcomes are not limited to the neonatal period. Research shows that these children are more vulnerable to a number of problems throughout childhood, including acute illness, aggressive behavior, poor school performance, early and unprotected sexual activity, delinquency, and welfare dependency.[30]

Couples practice family planning to control the number and timing of their children. In the broadest sense, family planning services, whether offered by private physicians or public health clinics, should include a variety of health, educational, and counseling services designed to help parents reduce the likelihood of unintended and untimely pregnancies.

Family planning, we believe, should be the responsibility of both parents. Unintended and untimely pregnancies often strain parents' personal relationships, limit their opportunities for personal development, and constrain their abilities to become responsible and responsive parents. Decisions concerning pregnancies should be made with full recognition of the shared responsibilities and long-term obligations that parenthood entails for both fathers and mothers.

Society has a strong interest in encouraging and enabling parents to plan and prepare for the births of their children. Research indicates that when they have access to family planning services, women who are not prepared emotionally and financially for children and women who are at high risk of poor birth outcomes can avoid pregnancy. Over the past 35 years,

the availability of family planning, including contraception, has significantly reduced the number of unwanted pregnancies, improved the health of mothers and children, and contributed to reductions in infant mortality.[31]

The National Commission on Children emphasizes the need for parents to share responsibility for planning their families and delaying pregnancy until they are financially and emotionally capable of assuming the obligations of parenthood. Although decisions concerning family planning are and should continue to remain a private matter, public support for family planning services should be sustained to ensure that all families, regardless of income, can plan responsibly for parenthood.

Balancing Work and Family Responsibilities

As more women have entered and remained in the paid labor force, the ability of parents to balance work and family responsibilities has become an issue of widespread public concern and private stress.[32] When members of the National Commission on Children talked with working parents in Minneapolis, both mothers and fathers told of their struggles to manage full-time jobs and be responsible and caring parents. Many were frustrated by the difficulty of obtaining reliable, high-quality child care. All cited the conflicts that arise when children are sick, when they need to visit a doctor, or when teachers' meetings are scheduled during work hours. We heard many poignant stories from parents who felt stress and guilt at leaving their babies with other caregivers, of sending mildly sick children to school, and of missing their children's important school events because of work obligations. The difficult circumstances that these hardworking mothers and fathers described are not unusual. They are repeated every day in millions of families nationwide.

For many employers, the pressure parents experience in trying to balance the competing demands of work and family translates into lower employee productivity, higher absenteeism, and high rates of turnover.[33] A sick child or a failed child care arrangement can reduce the efficiency of senior executives and line workers alike.

Some parents attempt to balance their work and family responsibilities by working at home. These fathers and mothers are employed in a wide array of occupations, including small businesses, professions, and services. While they may experience reduced incomes, most feel that the cost is outweighed by the benefits of being able "to more effectively combine their roles as parents and workers."[34] Although working at home has gained renewed interest in recent years, it is not an available option for the vast majority of parents in the paid labor force. Their jobs take them out of their homes to factories, offices, and other places of employment.

While families' needs and employers' interests will never be entirely the same, they are moving closer together.[35] As the pool of eligible employees continues to decrease over the coming decade, and as more of those who are willing and able to work include mothers with young children and husbands with working wives, employers are acquiring a greater economic stake in supporting family life. Pressure is building for government and private sector firms to create and support "family-friendly" policies and programs, such as family and medical leave, alternative work scheduling, career sequencing, and child care (which will be discussed in the following section).

There is mounting evidence that some of these initiatives directly affect corporate profits.[36] One recent study documents dramatic, measurable payoffs in the form of improved recruitment, reduced turnover, reduced absenteeism, increased productivity, and enhanced corporate image. Although less easily quantified, improvements in employee morale, firm loyalty, and reduced tardiness are also reported.[37] Among the employed parents who shared their views with us, it is clear that a family-friendly workplace can substantially reduce the stress of balancing work and family life.

Family Leave

As discussed in Chapter 3, the period immediately following the birth or adoption of a baby is critical for establishing strong bonds between parents and children. Child development experts believe that one of the most important tasks for children during the first year is developing strong attachments to parents and other primary caregivers. Many believe that if these essential trusting relationships are to form properly, parents must have the opportunity to spend the first several months of an infant's life at home.[38] Parents need time and emotional energy to nurture a new baby, and the period following the birth or adoption of an infant is typically marked by stress. Parents must adjust their routines and relationship to accommodate a new family member and learn how to meet their baby's fundamental physical and emotional needs. When there are other children in the family, parents must help them adjust to a new sibling.[39] These emotional and psychological accommodations are compounded by physical stress. During this period, mothers are recovering from childbirth and infants usually do not sleep through the night. Such adjustments present significant challenges to most stable two-parent families, but they are even greater for unmarried mothers who do not have committed partners to share the burden.

My husband and I believe very strongly that at least one of the parents should be with the children all the time, and we've got little ones. I've got a 6-month-old, a 20-month-old, and a 6-year-old, and you talk about crazy scheduling. Just recently I started to work full-time hours, and I've been able to get a position where I can be very flexible.

— PARENT AND TARGET STORES EMPLOYEE
Minneapolis, Minnesota

Juggling work and family responsibilities during this critical period is particularly difficult. When parents, especially mothers, must return to work immediately following birth or adoption, the opportunities for establishing loving and trusting parent-child relationships are often compromised.[10] Employed mothers frequently experience greater stress and exhaustion than those who remain at home. As a result, working parents may be less physically and emotionally available to their infants and less able to form secure, early attachments. This is especially true for single and low-income parents. Mothers who have higher incomes, are better educated, enjoy better health, adapt easily to change, and have husbands who share the responsibilities of parenting are generally better able to meet their children's earliest developmental needs, even if they return to work soon after a baby arrives.[11]

Research on the effects of very early child care on child development is neither consistent nor conclusive. Some studies show that participation in high-quality child care has little effect on the strength of parent-child attachments, especially when children enter care after the first year of life.[12] Other studies show that low-income children from families experiencing stress show significant social and intellectual benefit from participation in intensive, high-quality early child development programs, beginning as early as the first few months of life. The longer and more intensive these children's exposure to the program, the better they do.[13] Yet there is also substantial evidence that for some children, full-time care by adults other than parents during the first year of life can jeopardize the formation of strong, healthy attachments between them and their mothers.[14] Some scholars believe that this early deficit can have significant negative implications for later development, including problems in schooling. The situation is compounded when parents are unable to place their babies in high-quality settings. Both the amount of time that babies spend in child care and the quality of the care they receive have an important impact on their development.[15] Children are not inevitably impaired by out-of-home care during their first year. However, when they are in care for more than 20 hours per week, and when the quality of care is not sensitive and responsive to the special developmental needs of infants, the risks of problems are greatly increased.[16]

Unfortunately, high-quality infant care is in short supply in many communities across the country. Even where it is available, it is more expensive than care for older preschoolers and school-age children. As a result, many parents of infants who must return to work either cannot find or cannot afford high-quality care.[17]

In response to this situation, family leave policies that allow new parents to remain at home to care for their children for a period of time following birth or adoption without losing their jobs have been supported by a broad range of child development experts, pediatricians, and policymakers. Currently, the United States stands alone among 75 industrialized nations in its lack of a national policy encouraging or mandating that parents receive time off to give birth and care for an infant.[48] In the absence of a national law, some states have begun to mandate family leave policies for their employers, and some employers have begun independently to adopt such policies. These policies, however, are the exception rather than the rule, and millions of parents do not have the option of staying home immediately following childbirth.

A 1990 study of approximately 3,100 employers commissioned by the Small Business Administration found that large employers (those with 500 or more employees) are significantly more likely to offer some form of paid leave for pregnancy and childbirth. For example, almost 70 percent of large employers offered job-guaranteed, paid sick leave for pregnancy and childbirth-related disabilities, compared to only 23 percent of employers with 15 or fewer employees. Where sick leave is provided, the average length of leave varies between one and three weeks.[49]

Only a small proportion of employers supplement their sick leave benefits with separate maternity and infant leave policies. While 14 percent to 19 percent of employers with more than 50 employees offered job-guaranteed maternity leave for pregnancy and childbirth-related disabilities, only 5 percent of employers with 15 or fewer employees did. Of those employers that provide maternity leave, only half guarantee a comparable job upon return to work, seniority, and a continuation of health benefits. The length of maternity leave averages between six and seven weeks. Job-guaranteed leave specifically for infant care is even more unusual; 2 percent to 7 percent of employers, depending on firm size, offer this benefit.[50]

Many of the corporations that have adopted family leave policies have seen impressive returns. For example, at Merck & Company, a large pharmaceutical manufacturer, the reported cost of replacing the average employee is about $50,000. In contrast, permitting a new parent to take a six-month leave with partial pay, benefits, and other indirect costs is estimated to be an average of $38,000 — a $12,000 savings. By making this option available, the company has succeeded in retaining almost all of its employees who are new mothers. In addition, the annual attrition rate among employees at Merck is less than half the industry average (6 percent compared to 14 percent). Merck officials attribute the difference in large part to the company's generous family leave policy and other family-oriented benefits.[51]

Most employers are not as large as Merck & Company, nor do they have the flexibility to move employees from one position or assignment to another to cover the workload when parents take time off. Not all companies would realize the same savings from a family leave policy. Yet all employers, large and small, make an investment in hiring and training their

employees and bringing them to full job efficiency. Discussions of the costs of family leave, especially for small employers, often focus on the costs of temporarily replacing an employee and on the costs in lower productivity if the position remains unfilled; rarely do they take into account the costs of attrition.

Failure to adopt parental leave policies entails other costs as well, although some of these are less easily measured. The Commission agrees with other scholars and groups who have studied these issues that too many children enter out-of-home care before they and their parents have had "a good start together." [52] This is of particular concern given the shortage of high-quality infant care. As a result, the development of some young children is jeopardized. In addition, parents feel stress and guilt when they return to work too early, yet they face reduced or insufficient family income if they do not. Research indicates that workers without leave suffer more unemployment following childbirth because they cannot return to their former jobs, and when they do return to work, they often receive lower hourly wage rates.[53] Society also incurs costs — the lost potential of children who are harmed by early, poor out-of-home care, the reduced productivity of anxious working parents, and potentially higher public assistance for single parents who are forced to leave the labor force. [54]

Medical Leave and Alternative Work Scheduling

The competing demands of work and family continue throughout childhood. Parents frequently need to provide special care and attention when their children are sick and cannot attend school or child care. These demands are especially unmanageable for parents with a seriously or terminally ill child or elderly family member. Parents also need to play an active role in their children's education and must organize and oversee their children's activities outside of school. Moreover, many parents would simply like to spend more time with their children without jeopardizing their jobs.

Many employer policies and practices are, by default, antifamily.[55] Requiring parents to travel extensively, work long overtime hours, and relocate frequently or offering them little flexibility in their work schedules to meet their family's needs can undermine and discourage family stability and strength.

Family-oriented policies, such as medical leave and alternative work scheduling, address these needs. Medical leave policies generally allow employees to take time off from their jobs to care for sick children, spouses, or parents. Alternative work scheduling arrangements can take many forms, such as allowing employees to adopt flexible work hours, work in their homes, work part-time, or share their jobs with other employees. As with family leave, such policies directly benefit employers as well as employees.[56]

Bringing Work and Family Closer Together

While some public and private sector employers have taken steps in recent years to make the workplace more family-friendly, there is still a long way to go. ***The National Commission on Children recommends that government and all private sector employers establish family-oriented policies and practices — including family and medical leave policies, flexible work scheduling alternatives, and career sequencing — to enable employed mothers and fathers to meet their work and family responsibilities.*** Among members of the Commission, there is agreement that family and medical leave policies are an essential component of a comprehensive strategy to strengthen and support families with children. There are, however, differences of opinion concerning whether job-protected leaves should be mandated by the federal or state governments, whether they should be paid or unpaid, and, if paid, at what level of wage replacement and for what period of time.

The majority of commissioners strongly recommends that the federal government require all employers to provide the option of a job-protected leave at the time of childbirth, adoption, and family and medical emergencies. Healthy child development depends on parents and children having adequate time together during the early months of life to form close and enduring relationships. Parents must therefore be able to take time away from their jobs at this critical time. Similarly, all employees must be able to meet family and medical emergencies without fear of losing their jobs.

A minority of commissioners strongly opposes such prescribed and inflexible federal mandates, which they believe all too often result in discriminatory practices in the workplace and restrict employees' choices of benefits that meet the particular needs of their families. In addition, they believe the costs of implementing such mandates often produce adverse and unintended economic consequences.

The Commission fully recognizes that implementing generous leave policies may pose difficulties for some employers, especially small businesses, which may lack the flexibility to reassign duties when an employee takes an extended leave and the resources to pay both the employee on leave and a temporary replacement. But the human and financial costs of failing to adopt sensitive family and medical leave policies are also very great for employers, for parents, and for children.

The Commission also encourages employers to adopt career sequencing policies. In hiring and promotions, employers should not discriminate against parents who are returning to work after remaining at home for several years to care for their children. Employers should offer or arrange special training for employees to update their knowledge and relevant job skills.

Finally, while it is vital that employers begin to see themselves as partners in the challenge to balance work and family life, mothers and fathers must also take increased responsibility. Children need time and attention. From the perspective of children, there is no substitute for parents. While it may seem to parents that work cannot be put off and that children and family can wait, as First Lady Barbara Bush reminded the graduating class at Wellesley College, it is important to remember that missed opportunities cannot be recaptured.[57] For most employed parents these dilemmas crop up every day — whether to work late hours or go home for dinner, whether to leave a sick child with an unfamiliar caregiver or stay at home to provide care, and whether to attend an important business meeting or to leave work to see a school play. In the end, these day-to-day decisions are often the most trying and involve the greatest personal costs for parents. Workplace policies and practices can and should provide employed parents with the opportunity to make choices about how they balance their work and family lives, but it is up to parents to achieve an appropriate balance.

Providing High-Quality Child Care

The majority of American children now have mothers as well as fathers who work outside their homes. Child care is no longer just a form of protective custody for poor youngsters from troubled families; it is an everyday experience for children from all socioeconomic classes.[58] When parents go to work, children need to be cared for in settings that protect their physical health and safety, provide plenty of individual attention, and support their social and intellectual development. Yet child care services in the United States are inadequate. For some families, child care is simply unavailable. For many others, even if it is available, it is unaffordable or fails to meet essential quality standards.

Many other Western industrialized countries have developed comprehensive national child care systems to support the educational and developmental needs of young children and the concerns of their working parents. In contrast, child care in the United States is provided by a diverse and uncoordinated array of formal programs and informal arrangements that are largely unrelated and do not share a sense of common purpose or direction. Some parents rely on relatives, nannies, and babysitters who provide care in the child's home. Many others turn to caregivers in settings outside their homes. These include child care centers, operated on a for-profit or not-for-profit basis; family day care homes, where a provider cares for a small number of neighborhood children in her own home; and public and private nursery schools, prekindergartens, kindergartens, Head Start programs, and public compensatory preschool programs. Still others rely on a combination of these programs and arrangements.

This diversity is an asset. It enables parents to choose the child care arrangements that best meet their particular needs and preferences. However, it also discourages the development of a system that is responsive to the needs of all children and all families, because the costs, quality, and availability of services vary dramatically. For some families in some communities, child care services, especially high-quality ones, are in short supply. Parents with infants and toddlers, with children with chronic or disabling conditions, with school-age children, and with nontraditional work schedules often have particular difficulty arranging care. The problems are inevitably compounded for low-income families, who lack time, information, and economic resources. Too often, there are too few choices for these families.

As the number of working mothers with young children continues to grow over the next several years and as low-income single mothers are required to work as a condition of receiving welfare benefits, the need to develop an improved child care system will become more pressing. Despite years of public debate, the nation has only begun to address these issues. In 1990 Congress passed and the President signed legislation that will double the Earned Income Tax Credit between 1991 and 1994. This $22 billion package also established the Child Care and Development Block Grant to expand and improve community-based child care services and to provide low-income parents with vouchers to purchase care that meets accepted standards of quality. Such legislation represents an important step forward, but there is still a long way to go to improve the quality of out-of-home child care and make it accessible to all families who need it.

Improving the Quality of Care

The quality of care that children receive is critical to their health and development. Research shows that high-quality child care programs can effectively support the social and intellectual development of all children, especially those from low-income families, who are at risk of failure in school.[59] The positive effects of high-quality care last well into the elementary school years as well.[60] Therefore, it is particularly troubling that so many children are cared for in settings that do not protect their health and safety and that do not provide appropriate developmental support and stimulation. Poor-quality care

threatens children's development. Unfortunately, children from poor families are at greatest risk of receiving poor care.[61]

The quality of child care varies dramatically among all kinds of programs and arrangements. Regardless of the type of care or its geographical location, however, certain characteristics are indicative of its quality. Some of these characteristics can be regulated, including child-staff ratio, group size, features of the physical facility, and caregiver training. Others are more subjective and cannot be regulated, including the nature and frequency of caregiver-child interactions, teaching and learning styles, and the sensitivity of a program to the culture and preferences of the children and families it serves.[62]

Because of the diversity of child care programs and arrangements, improving the quality of care will require several related strategies, including improving and enforcing regulations, enhancing the quality and stability of caregivers, and establishing family day care networks.

Regulations. Regulations governing child-staff ratios, group size, features of the physical facility, health and safety practices, caregiver training and qualifications, and parental access are one important means of fostering high-quality child care, especially in child care centers. Although states are charged with establishing and enforcing regulations, their content varies dramatically across jurisdictions and does not necessarily embody current knowledge about what constitutes good child care. Moreover, in most states regulations do not apply to a large number of providers, among them programs that operate in churches and schools, family day care homes, and some part-time center programs. Even where regulations do apply and set high standards for care, state enforcement systems are largely inadequate to monitor child care providers effectively.[63]

Regulations alone cannot ensure that all available child care services will be of high quality, but they are necessary to establish minimum standards. Ideally, all states should adopt standards that reflect knowledge from research and best professional practice, and they should develop effective systems for monitoring and enforcement. The Commission concurs with other researchers and advocates who have recommended federal leadership and support to encourage states to begin a process of review and restructuring. It urges the federal government, under the provisions of the new Child Care and Development Block Grant, to provide financial incentives for states to improve their child care regulations and strengthen their enforcement systems.

Quality and Stability of Caregivers. The most significant and direct influence on the quality of child care is the quality of caregivers and the stability of

We know how to create high-quality early care and education programs... We don't need 100 more models on how to do it. What we do need is help...converting what we already know into practice and getting the programs out there to serve more than a handful.

— SHARON LYNN KAGAN
Associate Director of the Bush Center in Child Development and Social Policy, Yale University, New Haven, Connecticut

their relationships with children. Research clearly documents that when caregivers are trained in child development, as well as basic health and safety practices, they are more likely to provide care and attention that fosters trusting, affectionate relationships.[64] They are more likely to structure learning activities in ways that appropriately support social and intellectual development.[65] They are also more likely to actively recognize, appreciate, and reinforce children's different ethnic, racial, and cultural heritages.[66] Specialized training is especially important for persons who care for infants, children with disabilities, and children from diverse cultural backgrounds.[67] Yet, according to a recent study, approximately four-fifths of child care teaching staff do not have a college degree, and almost one-third of teachers and over half of assistant teachers have only three years or less of child care experience.[68]

Children benefit from stable relationships with caregivers.[69] Frequent staff turnover jeopardizes children's sense of security and can negatively affect learning and later adjustment to school.[70] High rates of staff turnover — as much as 40 percent annually — are often a direct result of low wages and poor benefits.[71] In general, child care workers are underpaid relative to their education and training, experience, and responsibility. In 1988 the average hourly wage for child care providers was $5.35; this equals an annual income of only $9,363 for full-time employment, which was below the $9,431 poverty threshold for a family of three in 1988.[72] Although more recent national wage data are not available, anecdotal evidence suggests there has been little progress toward raising caregiver wages.

Improving the quality of child care hinges on improving the quality and stability of caregivers. Accordingly, the Commission agrees with others who urge the federal and state governments to expand support for preservice and in-service training programs for caregivers and to take steps to increase compensation for persons who care for children in their homes, in child care centers, and in other community-based child care programs. We recognize that without public support, raising the wages of caregivers will inevitably raise the costs of care and result in fees for services that are beyond the means of many families.[73] But without initiatives to improve compensation for child care providers, little progress can be made to reduce high rates of staff turnover and to improve the quality of care that children receive.

Family Day Care Networks. Over the past 15 years, the use of family day care, that is, child care provided by unrelated neighborhood caregivers in their homes, has grown rapidly. Some parents choose family day care

because they want their children to be cared for in a homelike setting. Others seek caregivers whose values and habits resemble their own. Still others choose family day care because it is generally less expensive than other types of child care. Family day care providers, however, are less likely to be trained or licensed than center providers and often have less access to outside resources to enhance the services they offer.

Networks or systems of family day care providers, sponsored by a variety of community-based organizations, have expanded rapidly in recent years, largely in response to administrative requirements for receipt of Child Care Food Program subsidies. Although these networks vary in size and the type of supports and services they offer, they can be used effectively to disseminate information about best practices and to provide preservice and in-service training. They can also help their members meet administrative requirements for public subsidies, share toys and other educational resources, organize emergency backup care, and provide client referrals.[74] Accordingly, the Commission urges the federal and state governments, in partnership with employers and other private sector organizations, to support the establishment of family day care networks in local communities nationwide.

Improving Access to High-Quality Care

Improving access to high-quality child care means improving the choices available to parents. In part, this requires policies and programs that target services to children and families who are currently unserved or underserved. It also requires that the existing market match child care providers and parents more effectively. It requires that parents have adequate information about available child care programs and arrangements and that they understand how to gain access to these services. Finally, it requires that communities mobilize available resources more effectively and coordinate programs and arrangements to meet the needs of children and their families.[75]

Resource and Referral Systems. Helping parents find child care services that fit their needs and preferences, as well as their budgets, is an important step toward improving access to high-quality child care. As we have emphasized, the current system of care is a diverse array of formal programs and informal services. But parents can only take advantage of the available choices if they understand what they are and how to gain access to them. In order to match parents and child care providers, some communities have developed resource and referral systems that provide consumer information to parents and technical assistance to providers. Systems such as these have been supported by state and local governments, community action groups, and employers. For example, California, Massachusetts, and New York operate statewide resource and referral systems. IBM has established a nationwide resource and referral system for its employees by creating programs and contracting with existing services in communities across the country. While resource and referral systems are not a panacea for an uncoordinated system of care, they can help make the existing child care market work more effectively, and they are an important step toward building the necessary infrastructure. Accordingly, the Commission urges governments at all levels, in partnership with employers and the voluntary sector, to support the establishment and operation of independent local resource and referral services.

Planning and Coordination. Child care and early childhood programs and services in the United States have developed piecemeal over a period of years, under the sponsorship of public agencies, private organizations, and independent providers that often do not share common goals. In many local communities, there is no community infrastructure to link them. As a result, they frequently compete for financial resources, staff, and space rather than planning and coordinating resources together.

Recognizing this critical gap, several states and communities have begun to establish processes for planning and coordination. To be effective, these processes must include the development of a long-range vision of child care needs and service delivery; an assessment of available human, fiscal, and political resources; and a concept of how administrative structures can be organized and empowered to address local needs and improve the quality and accessibility of available programs and arrangements.[76]

A Continuing Commitment

The long-standing debate over government involvement in child care continues. Yet there is growing consensus that all families who need it should have access to high-quality child care services in their communities and that parents should be able to choose the arrangements that are best suited to their own preferences and their children's needs. Unfortunately, for too many families, especially low-income families, there is little choice. For those who cannot afford to buy the services they need and want, there are significant short- and long-term costs. As a recent report of the National Academy of Sciences concludes, those costs are borne by children who receive inadequate and unsafe care; by parents whose employability and earning potential are depreciated; by employers who experience work interruptions, absenteeism, and attrition; and by society, which shoulders the costs of welfare payments, lost productivity, and foregone tax revenues.[77]

The National Commission on Children recommends that government at all levels, communities, and employers continue to improve the availability, affordability, and quality of child care services for all children and families that need them. The Commission applauds the 1990 enactment of the Child Care and Development Block Grant as a major

> **People tend to be afraid to help you when you have a child that has special problems, that requires a special amount of care. But…they don't require much more or any less than any of your normal children. What they require is a lot of love, and sometimes just a little bit more attention.**
>
> **— VALERIE SPEARS BRYANT**
> **Parent,**
> **San Antonio, Texas**

step forward. Congress authorized $750 million for the program in 1991, $825 million in 1992, and $925 million in 1993. We urge Congress to follow through with these appropriations and in succeeding years to appropriate such additional funding as is necessary to ensure that high-quality child care services are available to all children and families that need them.

The provisions of the block grant set aside 5 percent of funds to improve quality and access to child care through monitoring of compliance with licensing and regulatory requirements, improving caregiver training and salaries, and establishing resource and referral systems. At current funding levels, approximately $37 million is available to states for these purposes in fiscal year (FY) 1991, $41 million in FY 1992, and $46 million in FY 1993. Recognizing the importance of these improvements, the Commission also recommends that funding for the Child Care and Development Block Grant be increased by an additional $50 million each year and that these resources be used to augment existing funds to improve the quality and accessibility of child care services.

Providing Family Support

For most families raising children today, the social, economic, and demographic changes of recent decades have increased stress at the same time that they have reduced the level of support traditionally available to families. The entrance of mothers into the labor force has increased the pressure that many parents feel about the quantity and quality of time they have with their children. The growth in single-parent households, spurred by divorce and out-of-wedlock childbearing, has increased the number of parents raising children without the emotional and material support of a spouse. Increased mobility, as parents relocate to pursue educational and employment opportunities, has resulted in fewer families living near extended family members, who have traditionally provided informal support and assistance.[78]

These changes and their associated stresses affect all families, regardless of parents' income or background. But certain groups of parents face additional difficulties that make them especially vulnerable. Teenage parents, for example, are often neither emotionally nor financially prepared for the responsibilities of parenthood.[79] Low-income parents living in neighborhoods marked by high rates of crime, violence, and social disorganization face enormous barriers to ensuring their children's safety and well-being.[80] Parents of severely disabled or emotionally disturbed children may feel isolated and overwhelmed by the responsibilities of caring for a child who needs constant attention.[81] Many immigrant parents face the uncertainty of raising children in a new culture, new language, and new surroundings.

While individual needs and circumstances differ, all parents need support, whether it is advice on childrearing issues or practical lessons on strengthening family relationships or managing the household budget. From time to time many need emergency assistance to cope with a crisis. Virtually every parent wants the camaraderie of other parents.

Traditionally, families have relied on and benefited from the informal support of relatives, friends, and neighbors, as well as community programs and institutions. Many families still find the support they need within these informal systems. A growing number of families, however, do not have access to these traditional supports and are left feeling isolated and uncertain.

In response, parents and activists in thousands of communities across the country have formed new networks and programs to support families and enhance parents' childrearing abilities.[82] These efforts, generally referred to as family support or family resource programs, differ widely in their objec-

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Parents cannot raise their children in a vacuum. Parents need to be supported and nurtured so that they can support and nurture their children. Some of these needs are generic and they are not restricted only to poor parents. All parents, including the wealthiest of parents, need certain supports.

— JACK SHONKOFF, M.D.
Chief of the Division of Developmental and Behavioral Pediatrics, University of Massachusetts Medical School, Worcester, Massachusetts

tives, organization, and content but share a common goal and operating principles. First, they attempt to give families the skills and knowledge needed to cope more effectively with the stresses of contemporary life and to care for and nurture their children better. In achieving this goal, programs try to build on family strengths and capacities rather than emphasizing deficits. Second, family support programs are prevention-oriented; that is, they attempt to strengthen families before a crisis occurs. Third, they offer multidisciplinary services that recognize and address the diverse and interrelated needs of families. Finally, family support programs are community-based and easily accessible to parents in order to be as responsive as possible to the families they serve.[83] As discussed in Chapter 10, community-based family support programs make up the essential first tier of a restructured child welfare system aimed at preventing the problems and crises that pull families apart and cause children to be removed from their parents.

Family support builds on a significant body of research that emerged in the 1970s. These studies highlighted the critical importance of healthy family functioning for child development, as well as the influence that outside forces have on a family's ability to raise and nurture children. Without support — especially informal support — families tend to have a more difficult time. Their ability to function effectively, particularly under stress, depends to a large degree on social support from outside sources.[84]

Family support programs can be freestanding or part of other social service agencies, such as schools, community centers, or mental health centers. Some are based at workplaces, others at child care centers and Head Start programs — wherever it is comfortable and convenient for families to meet.[85] Activities and services vary with the interests and needs of the families involved, as well as with the resources available. Generally, however, one or more of the following activities are characteristic of family support programs:[86]

- parent education and support groups for parents;
- activities that bring parents and children together to teach parents about child development and strengthen the parent-child relationship;
- classes and discussion groups on issues of concern to parents, such as family budgeting, coping with stress, health, and nutrition;
- drop-in centers, offering unstructured time for families to be with other families and with program staff on an informal basis;
- child care while parents are engaged in activities offered by the family support program;

- information and referral to other services in the community, including child care, health care, nutrition programs, and counseling services;
- home visits, often designed to introduce particularly isolated parents to family resource programs; and
- developmental exams or health screenings for infants and children.

Two kinds of groups that have been especially effective in establishing family support networks and programs are the families of children with disabilities and the families of military personnel. Across the nation, the parents of children with developmental disabilities and diseases, including autism, cerebral palsy, and cancer, have developed support groups to share information about special concerns, childrearing practices, and available services. Similarly, the families of military personnel have extensive support networks to help family members cope with the stresses of military life and the absences caused by active duty deployment. These support systems match military families with important services such as health care, child care, and counseling; help relocated families adjust to new settings; and provide emergency services such as financial support and food to families in crisis.

Since their inception, family support programs have been locally based initiatives that combine support from community institutions; individual, corporate, and philanthropic donors; and, in a few cases, state or federal grants to serve specific populations of parents and children. In recent years, however, several states have begun to invest in prevention-oriented programs designed to strengthen and support families and enhance parents' childrearing abilities. Minnesota and Missouri, for example, offer parent education programs to all parents of young children who want them. Connecticut has launched pilot family support programs for families with children from birth through age 17.[87] Maryland's family support centers focus on young families, giving first priority to teenage parents and their children.[88] Illinois' Ounce of Prevention Fund combines state and private funds to sponsor family support, parent education, and early child development programs in more than 45 locations. This growing interest by states represents a significant new investment in preventive policies to strengthen families and to build the community's capacity to support them.[89]

The family support model has begun to influence the design and delivery of other human services as well.[90] State child welfare agencies, for example, are looking at family support programs as a way to strengthen families and prevent incidents of child abuse and neglect.[91] State education departments have also adopted elements of family support in programs to ensure that young children start school ready to learn.[92]

Family support is a relatively new concept, and for this reason there are few evaluations of its success. However, a growing body of program research suggests that family support contributes to better social adjustment and improved school performance by children and to better parent-child relationships.[93] The National Commission on Children believes that the family support model is a promising means of building the capacities of communities to strengthen and support families. ***The Commission recommends that federal, state, and local governments, in partnership with private community organizations, develop and expand community-based family support programs to provide parents with the knowledge, skills, and support they need to raise their children.*** We urge policymakers to work with these programs to explore more and better ways to provide basic preventive services to families and to ensure the financial resources necessary for their functioning. We further encourage state governments to incorporate the principles of family support into new initiatives for children and families. Finally, we recommend additional public and private efforts to evaluate the benefits of family support programs and to share knowledge and insights from established programs with policymakers and program developers across the country.

Costs and Benefits

All parts of American society must share responsibility for strengthening and supporting our nation's families. Individuals bear primary responsibility for forming and sustaining strong and stable families, for having children only when they are emotionally and financially prepared to make the necessary commitment to care for them, and for maintaining a responsible balance between their work and family obligations. Employers also have an important role to play, developing policies and practices, such as family and medical leave, alternative work scheduling, and career sequencing, that enable employed parents to manage their work and family responsibilities.

Working together with individuals and the private sector, government at all levels must share responsibility for strengthening and supporting families. The federal government should not bear all of the costs. Yet it must provide leadership, guidance, and funding to encourage and strengthen state and local initiatives. Specifically, the federal government must share responsibility for making sure that all families who need them have access to affordable, high-quality child care and family support services. The 1990 child care legislation represents an important first step. The Commission urges Congress to follow through and appropriate funds that have been authorized, and it recommends an additional $50 million annually (over the amounts already authorized) to improve the quality of child care programs and arrangements and the ability of parents to gain access to the services they need.

The Commission further recommends that federal, state, and local governments and the private and voluntary sectors commit significant new resources to establish and sustain family support programs in every state. The first year's investment should be $400 million. Of this amount, the federal investment should be $370 million, with $30 million from nonfederal sources. Much of this early federal money will be for program planning and start-up. As programs become established in the ensuing years, the percentage of funds from nonfederal sources should increase. After five years, funding for family support programs should total approximately $2 billion, divided equally between federal and nonfederal sources.

With regard to family support centers, some commissioners are concerned that a fiscal commitment of the magnitude proposed requires careful attention to the design and evaluation of the expanded services to ensure that they produce outcomes that are beneficial to the families who need them.

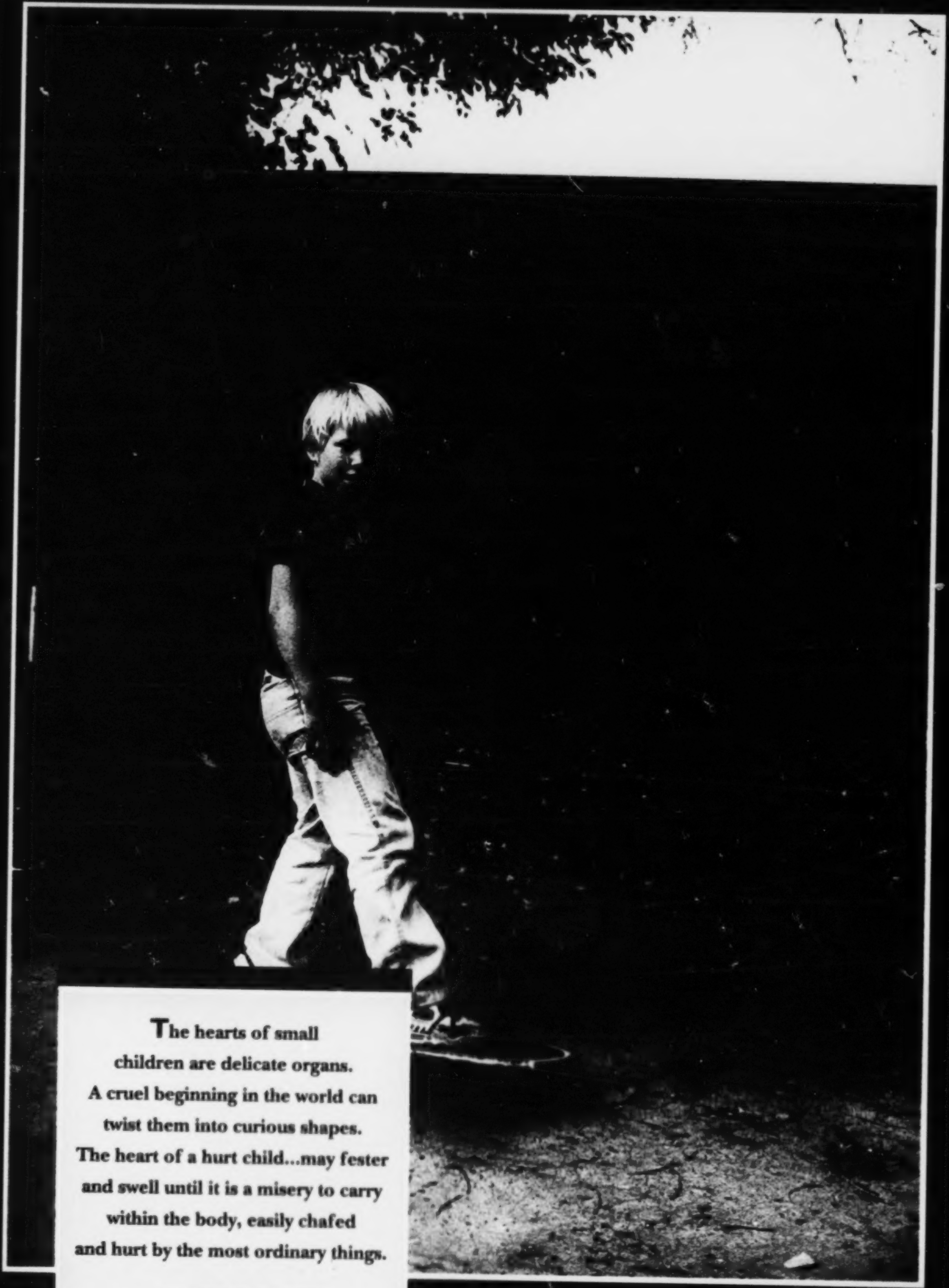
The National Commission on Children believes that the benefits of these investments will be substantial. Strong families are our nation's most effective social workers.[94] When families are able to create and sustain environments that promote healthy child development, their children are more likely to become competent and caring adults and contributing members of society, as well as effective parents themselves. When families break down, all of society bears the far greater costs associated with child abuse and neglect, poor school achievement and dropout, adolescent pregnancy and childbearing, juvenile delinquency, and alcohol and drug abuse.

Conclusion

Discussions of how society — and particularly government and employers — can strengthen families leave many people uncomfortable. To some, they tread dangerously close to violating the privacy of family life. To others, they raise the specter of unintended consequences — of good intentions producing bad outcomes. These are legitimate concerns, and they featured prominently in the Commission's discussions.

But commissioners weighed other factors as well, particularly the enormity of the social and economic changes that have altered the lives of most parents and children. In many cases, these changes have improved conditions for families; in other cases, however, they have compromised the ability of families to raise their children and have pitted the interests of adults against those of children.

Several powerful forces may offer redress for this situation and rekindle society's commitment to strengthening and supporting families. They include the thoughtful public policies, new workplace practices, changed social norms, and more responsible individual behavior recommended here. Each is necessary, and each involves sacrifice and some uncertainty. But ensuring the success of our nation's families is the best strategy for improving the status of American children.



The hearts of small
children are delicate organs.
A cruel beginning in the world can
twist them into curious shapes.
The heart of a hurt child...may fester
and swell until it is a misery to carry
within the body, easily chafed
and hurt by the most ordinary things.

— CARSON MCCULLERS
Author

CHAPTER TEN

Protecting Vulnerable Children and Their Families

Children need strong, stable families and enduring, supportive relationships. But as author Lisbeth Schorr observed, in families experiencing severe stress, love often turns into neglect, affection withers into hostility, and discipline becomes abuse.[1] Poverty, single parenthood, mental illness, drug abuse, and social isolation can weaken families and impair some parents' ability to care for their children. When families are in turmoil, children are often the helpless victims of their parents' frustration and despair. In the absence of adequate support and services, these children are frequently removed from their families and placed in the custody of the state.

Some children are removed from their families to protect them from physical, emotional, or sexual abuse. Others are removed when parents or relatives are unable or unwilling to care for them. Still others are placed in out-of-home care because their behavior problems make them difficult to care for. The majority of these children are in foster care — foster family homes, group homes, and emergency shelters. Some are in juvenile justice facilities and mental health institutions.

Wherever they go, however, these children face grim futures. All of them are scarred by the separation from their parents, siblings, schools, and communities. Thousands move from one placement to another, effectively denied a permanent home and family. For many children, foster care, which is intended to protect them from neglect and abuse at the hands of parents and other family members, becomes an equally cruel form of neglect and abuse by the state.

The human and financial costs of America's failure to support and strengthen families and to provide intensive assistance in times of stress and crisis are high. These costs are measured in the wasted lives of children stranded in foster care, in disintegrating families that could be helped, and in the extraordinary financial burden of sustaining a growing population of children in settings outside their families, sometimes far from their homes.

Accordingly, the National Commission on Children recommends a comprehensive community-level approach to strengthen families and provide essential supports and services to alleviate the need to place children in protective custody. We urge that programs for vulnerable children and their families be restructured to include three tiers of services:

- community-based family support networks offering access and referrals to a broad range of services to strengthen families and foster healthy child development;
- comprehensive intervention to strengthen and preserve troubled families who voluntarily seek help before their problems become acute; and
- comprehensive child welfare services for families in crisis to keep children in their own homes whenever possible or to provide permanent placement for those who must be removed from their families.

Children Living Outside Their Families

William, at age 18, had spent most of his adolescence in foster care. In testimony before the Commission, he described his experiences and those of thousands of other foster children better than we ever could. He said:

Hello. My name is William. For those who don't know me, my case number is J-957439. That way you can look me up....

Let me project an idea in your mind. Imagine you're 12 or 13 and you're walking home from school one day with your best friend and you notice about five police cars, a bunch of other cars at your house.

Now, being curious, and also being a youth, you wonder what's going on. So you run home and you see your little brother and sister in the back of a police car, crying.

Most judges have 35 to 40 cases on their individual calendars [every day], and they have an average of 10 minutes to spend on each case. Five years from now, with double the caseloads, the judges will have not 10 minutes, but five minutes to determine each child's fate and each family's future.

— THE HONORABLE PAUL BOLAND
Presiding Judge at Los Angeles County Juvenile Court,
Los Angeles, California

You see your mother and elder sister sitting on the porch. Your mother says, "I failed you. I can't have you any more."

And then a stranger comes, a police officer, and tells you to leave with them. Now, you being a youth, and not knowing what's going on, you reject it, and you struggle, and you run. But then the police officer handcuffs you and puts you in back of the police car, and then you take a long trip, not to a relative's house, not to a friend's house, but a place like [an emergency shelter], a place you never even heard of before.

And your first thought is, "Am I in jail? Is this juvenile hall?" Someone explains what foster care is. No one explains it's okay, you didn't do anything, until you go to a courtroom one day and you see a man sitting behind a bench and you see a lot of secretaries and clerks. But no one still explains it to you. But you're a 13-year-old, sitting, wondering what happened to you.

Two days later they tell you you're a foster kid for the first time. What is a foster kid? So you look it up in the dictionary and it's a substitute for something. So...you're 13, you're thinking, "I'm a substitute for a kid." I mean, I'm not a kid anymore, I'm only a substitute for it.

It is not difficult to understand why children who are removed from their homes and families feel helpless. Most come from highly stressful family environments in which they were powerless to protect themselves from abuse or neglect. Removal from their families represents yet another event beyond their control. While in substitute care, some children suffer repeated unanticipated moves; contact with their parents and siblings is controlled by others. As a result, many develop a profound sense of powerlessness. Their immediate situation and their opportunities for the future appear to be beyond their control.

Many children who spend part of their childhood in out-of-home placements become able and productive adults despite their traumatic experiences. Too many others, however, develop an impaired self-image, encounter difficulty in establishing emotional intimacy, and suffer an unresolved sense of loss.[2] Some remain sensitive to their former status as foster children and compare themselves to the persons they believe they might have become had they been reared by their biological families.[3]

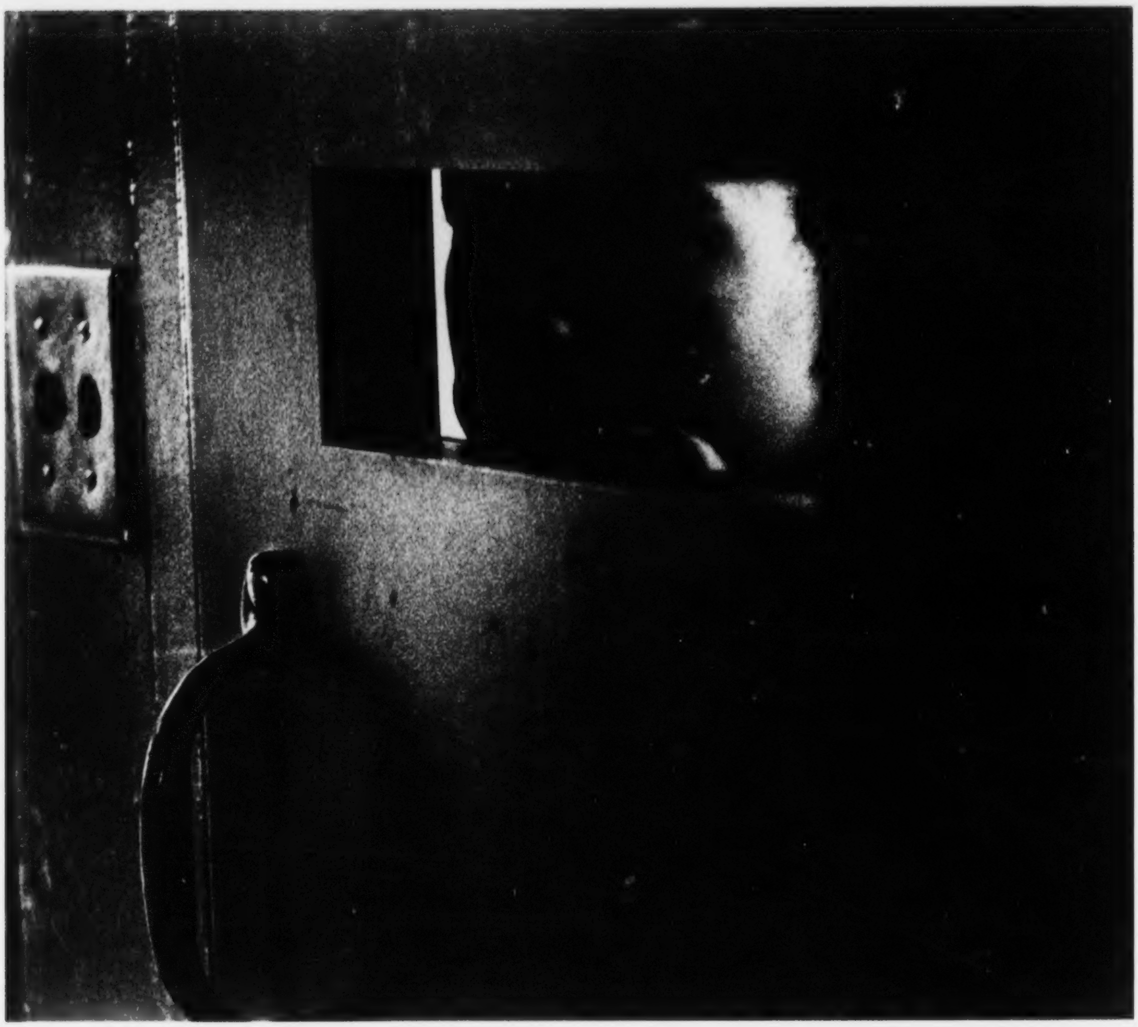
Although information on the population of children living apart from their families is limited by inadequate data collection, existing estimates indicate that the number of children in foster care has increased over the past several years, reversing declines in the late 1970s and early 1980s. In 1977 an estimated 502,000 children were in foster care.[4] By 1980 this number had dropped to 302,000[5], and it declined further to a low of 275,000 in

1983.[6] During the mid-1980s, however, estimates of the number of children in foster care began to increase, reaching approximately 340,000 by the end of 1989.[7] Recent projections estimate that 550,000 children will be in foster care by 1995.[8] This rapid increase in the number of children living outside their families has overwhelmed the capacity of the judicial system, which has legal authority for foster children. It has also overwhelmed the child welfare system, which is responsible for investigating reports of abuse and neglect, recommending and overseeing out-of-home placements, and providing follow-up counseling for the growing number of children who require protective services.

In addition to the children in foster care, an estimated 91,646 children live in public and private juvenile justice facilities,[9] and another 54,472 receive mental health care as inpatients in hospitals and residential treatment centers.[10] The problems that precipitate the removal of these children from their families generally resemble those of foster children.

Reports of child abuse and neglect rose 259 percent between 1976 and 1989,[11] and more than 50 percent of all out-of-home placements today are for children who need protection from adults in their own homes.[12] Several factors contribute to the recent increase in the number of children in out-of-home placements. As discussed in earlier chapters, the number of single-parent families has skyrocketed; family poverty and homelessness are growing; births to teenagers remain at a high level; and drug use continues to flourish in large cities and small communities nationwide. However, a recent analysis of the factors that place children at risk of maltreatment suggests that only family income is consistently related to all categories of abuse and neglect. When other factors, such as single parenthood and race, are controlled for income, there is no positive correlation with heightened risk of abuse or neglect. In fact, this analysis suggests that when the same resources are available to families headed by single mothers as to two-parent households, children are actually at lower risk of maltreatment.[13] While poverty does not always or automatically lead to child abuse and neglect, it can contribute to stress and a lack of emotional control that can result in violence or an inability to meet a child's basic daily needs.

Although children living apart from their families come from all racial and ethnic groups, all income levels, and all types of families, children from minority and single-parent families are overrepresented in the child welfare population. Many of these families are poor.[14] At the end of fiscal year (FY) 1986, 49 percent of foster children were minority,[15] more than twice the proportion of minority children in the population



nationwide. Among black children in foster care, nearly 46 percent were from single-parent families.[16]

Increasingly, the foster care population is made up of seriously troubled adolescents at one end of the age spectrum and medically fragile infants and young children at the other. Growing numbers of adolescents in foster care are youth who have dropped out of school, are unable to find jobs, and are pregnant or already have babies of their own. Policies mandating the deinstitutionalization of children with mental health problems and the decriminalization of status offenders — that is, young people charged with running away, ungovernability, truancy, or liquor law violations — have increased the number of emotionally disturbed, mentally ill, developmentally disabled,

and delinquent children in foster care. For many of these troubled adolescents, the future holds little hope of reunification with their parents or adoption into another family.

At the other end of the age spectrum is the growing population of infants and very young children born to or being raised by drug-abusing parents. Many of these children were exposed to drugs in utero and born to mothers who did not receive appropriate prenatal care. As a result, many have physical, psychological, and developmental disabilities, as well as serious health problems. Some are at risk of developing AIDS because their mothers are infected with the HIV virus. Many children of drug-abusing parents will never have a normal family life. Substance abuse renders their parents unable to care for them, and these children's need for specialized medical attention, housing, and education often makes it difficult to find adoptive families for them. In addition, the shortage of well-trained and well-supported foster families means that many of these children will begin their lives as "boarder babies," spending much more time in hospitals than is medically necessary because they have no homes.

Frequently, children who enter the child welfare system do not receive needed health and social services. The majority have multiple physical, emotional, behavioral, and developmental difficulties that require specialized supports and services. Yet the services they need are fragmented and uncoordinated. Cooperation among agencies (e.g., child welfare, public health, mental health, juvenile justice, special education) is typically hampered by conflicting eligibility requirements, rigid funding mechanisms, staff who guard institutional boundaries to ensure their share of federal, state, and private funding, and specialized professionals who tend to focus on the isolated problems they are trained to address rather than on the interrelated needs of children and families.

Because of this fragmentation, children are often served on the basis of their most obvious condition or problem. When they enter one health or social service system, they tend to receive only the services that system offers, regardless of whether such assistance is responsive to their multiple needs. Thus, for example, emotionally disturbed children are served by the mental health system, delinquent children by the juvenile justice system, and abused or neglected children by the protective services system. Yet the needs of these children are often the same and are often broader than the mission of any single agency.

The child welfare system is intended to provide coordinated diagnostic and treatment services for troubled children and families in order to reunify children safely and permanently with their natural families, place them in long-term foster care, or arrange for their adoption. However, some children linger in foster care or in institutions for extended periods of time; an estimated 14 percent of foster children stay in the system five or more years.[17] Despite widespread knowledge that children do best in settings that provide continuity and stable, caring relationships with adults, they are often moved from one placement to another.

Approximately 55 percent of children in foster care experience two or more placements; 8 percent of children experience six or more placements,[18] in part because there are too few foster parents trained and willing to care for troubled children and children with special needs. In addition, foster children rarely have just one caseworker who tracks their case and monitors their progress. High rates of turnover among caseworkers make it difficult for children to receive continuous personal attention and may amplify their feelings of being lost in an uncaring system. Caseworkers themselves are often inadequately trained, inexperienced, poorly paid, and expected to manage too many cases to permit them to give any single child or family sustained and thoughtful attention. They, too, feel unappreciated and adrift in a bureaucratic system that forces them to spend as much or more time on paperwork as working directly with children and families who need help.

In recent years, an increasing number of children have left foster care before age 18, only to reenter the child welfare system later. Between 1983 and 1985, the number of children with multiple placements in foster care rose from 16 percent to 30 percent.[19] Recent longitudinal studies of children in foster care found that in New York 27 percent of the children reunited with their families returned to placement some time later; in Illinois, the comparable figure is just under 30 percent.[20] Many critics argue that this reflects the child welfare system's inability to meet the complex needs of highly stressed and disorganized families.[21] It also reflects the increased difficulty of addressing comprehensively the needs of vulnerable and often troubled children so that they can return to their parents or thrive in settings outside their own homes.

The stated goal for every child in foster care is reunification with his or her natural parents or placement in an adoptive home. For about two-thirds of children, that goal is ultimately met. In 1986 slightly fewer than 60 percent of children in foster care were either reunited with their families or placed with a parent, relative, or other caregiver. Another 7 percent were adopted or relinquished for adoption. Approximately 20 percent were no longer in care for other reasons, including running away, incarceration, marriage, death, discharge to another public agency, or acquiring a legal guardian. Another 8 percent reached age 18 and were no longer eligible for care. No information is available for the remaining 6 percent of children who left the foster care system in 1986.[22]

In the past, child welfare services for foster children generally ended when children reached age 18 or completed high school, regardless of

> **The biggest problem that I see is a lack of teamwork. The social worker, the educators, the foster parent, the psychologist, the mentor or outreach advisor, need to sit down with [the foster youth], speaking the same language, and help him plan for the future.**
>
> **— LENZY STUART**
> **Outreach Advisor,**
> **Community College Foundation,**
> **Los Angeles, California**

whether they were emotionally and financially able to care for themselves. Although an independent living program is now in place to help foster youth acquire daily living skills, many 18-year-olds who leave foster care face uncertain futures. Many must work full-time to support themselves, dropping out of high school or forgoing college or other professional training. Some end up homeless.

In 1990 Congress responded to growing concern over the future prospects of older foster children by expanding (at state option) independent living programs to serve these young people until age 21. Federal and state programs enable participants to seek a high school diploma or its equivalent or to receive vocational training. The programs also offer training in daily living skills, such as budgeting, career planning, and locating housing, and they provide outreach, counseling, and coordination of relevant services.

The Child Welfare System

In 1980 Congress enacted the Child Welfare and Adoption Assistance Act (P.L. 96-272) to reform the child welfare system and prevent children in the states' protective custody from being "lost" in substitute care. This law was intended to prevent the removal of children from their homes except when absolutely necessary and, through "permanency planning," to return children to their families or place them in relatives' homes, adoptive homes, or other permanent living arrangements. Initially, the law succeeded in meeting its major goals. From the late 1970s to 1985, there were significant decreases in the number of children in out-of-home care, reductions in the average time children remained in the child welfare system, increases in the foster care turnover rate, and more intensive in-home services for vulnerable children and their families.[24] These trends were reversed in the mid-1980s, however. The growing number of troubled families — largely because of drug use— has overwhelmed the child welfare system. Children today are typically placed outside their homes, with few accompanying supports and services to strengthen and reunify their families.

The growing number of children in out-of-home placements is also the product of misguided federal and state funding incentives. Federal funding for preventive and family support services is fixed each year and has barely grown in the past decade, while funding for out-of-home care is supported by an open-ended entitlement that grows automatically according to need. As a consequence, the federal government makes significantly more money available to states for out-of-home placement than for support services to strengthen families and prevent removal of children from their homes.[24] This encourages states to place children in out-of-home care rather than to help troubled families overcome their problems and maintain custody of their children.

Title IV-B of the Child Welfare and Adoption Assistance Act provides funds to states for family support, prevention, and reunification services. Federal appropriations (that is, funds actually provided) consistently fall short of the program authorization (the maximum amount of funding that may be provided), which itself has historically underestimated the actual demand for these services. Between 1977 and 1989, Congress maintained the authorization for Title IV-B at $266 million, and the program grew only 10 percent in constant 1981 dollars during this period. In 1989 the authorization was increased to $325 million;[25] however, Congress appropriated only $273 million for FY 1991.[26]

In contrast, under Title IV-E of the act the federal government provides open-ended matching funds to states for out-of-home placement. Congress recently budgeted $1.8 billion for foster care services for FY 1991.[27] Funding for Title IV-E increased dramatically during the 1980s, in response to the rising number of children placed in alternative care and growing claims for state and local administrative responsibilities. Between 1981 and 1991, administrative and program-related expenses increased from $30 million to $882 million.[28] In this case, however, administrative expenses include more than just record-keeping and reporting tasks. As defined by P.L. 96-272, administrative expenses include referral of troubled families to child welfare services, preparation for and participation in judicial determinations of child placement, initial development and continued review of a foster child's case plan to determine when reunification with the family or adoption is appropriate, and recruitment and licensing of foster homes and institutions.

The scope and structure of Title IV-E funding gives states a strong financial incentive to place children in foster care rather than to provide intensive family preservation and support services to keep families together. As a result, children are often removed from difficult or potentially dangerous families prematurely or unnecessarily. The Commission heard from many child welfare caseworkers who felt they had little alternative but to remove children from their homes, even in cases where their best professional judgment suggested that intensive support might enable a family to weather a crisis and begin to build stronger, healthier relationships. In the absence of

appropriate supportive services in many communities, caseworkers are forced to take drastic steps to protect children from the dire consequences of severe abuse and neglect. Tragically, although they are out of immediate physical danger, children who are removed from families often do not receive the love and nurturing they need in out-of-home care either.

In some cases, the removal of a child might have been prevented by intensive, home-based prevention or intervention services, commonly known as family preservation services. Family preservation services are available in 17 states[29] to help parents cope with the practical problems that contribute to family stress. They teach parenting skills and strategies for resolving conflicts and they link parents and children to other community supports and services. Family preservation also provides concrete services, such as transportation, purchase of essential and sorely needed household items, and emergency assistance.[30]

Family preservation appears to be a promising vehicle for helping troubled families, although rigorous long-term studies of its effects and effectiveness have yet to be done. Several program models illustrate the basic approach. Homebuilders, established in Tacoma, Washington, during the mid-1970s, was the first large-scale family preservation program. Its counselors provide practical assistance to help families resolve immediate crises that can precipitate abuse or neglect, such as imminent eviction, sudden or prolonged unemployment, or the need for homemaker services and respite child care, and then use individual and group therapy to teach families more effective styles of conflict resolution and parent-child interaction. Since 1974 Homebuilders has served 4,500 children and their families.[31]

Another family preservation initiative is Maryland's Intensive Family Services program, which employs teams composed of a social worker and a parent aide to provide home-based services to a family after a protective services investigation has been conducted but prior to removal of a child. Social workers have some discretion to purchase services for families that will help them manage their daily lives and avert out-of-home placement. Among the services available to families are counseling, advocacy, parenting education, respite care, employment counseling, budgeting, and the purchase of emergency goods. Approximately 1,000 families receive services each year, at an estimated cost to the state of $2.5 million in FY 1990.[32]

While the National Commission on Children encourages states to explore ways to strengthen families and avert out-of-home placements, we also recognize that family preservation is not a panacea. For some children, especially those living in home environments that place them at imminent risk of severe physical or mental abuse or neglect, out-of-home placement is necessary and must be available. But outplacement should not be the first resort nor the only solution to troubled family situations. Children's own families are the single most powerful agent for ensuring their healthy development. "Removing children from their families for any but the most compelling reasons breaks the critical bond children need to develop their basic personal and social identities."[33] In light of this, the Commission strongly urges that over the coming decade all levels of government and the private sector redirect and increase resources — both financial and human — to develop systems that will build family strengths and relationships and support healthy child development, rather than continuing to focus primarily on family deficits and dysfunction. At the same time, explicit efforts must be made to improve the services offered to children who are removed from their families so that they can receive more individualized and comprehensive support

> **If there's not someone out there who's an advocate, who's working for the good of the families and the children, then many families fall in the crack...You don't understand the problems kids have until you go out and visit in their homes.**
>
> **— SOCIAL WORKER**
> **Charleston, West Virginia**

while living in substitute care. To ensure that children do not languish for years in foster care, we urge a renewed commitment to permanency planning. This concept is at the center of the 1980 child welfare reform legislation. It requires states to establish and pursue stable, nurturing, and permanent arrangements for every child in their custody.

Toward Policies and Programs to Nurture and Protect America's Most Vulnerable Children and Their Families

If the nation had deliberately designed a system that would frustrate the professionals who staff it, anger the public who finance it, and abandon the children who depend on it, it could not have done a better job than the present child welfare system. The goals of family reunification and permanency planning remain paramount, but dramatic increases in the number of troubled families and misplaced financial incentives to the states make these goals nearly impossible to achieve. The National Commission on Children heard from virtually every actor in the system: child welfare staff and dependency court judges who want more manageable caseloads so they can give children and families the thoughtful attention they need; foster parents who need more training and support to meet the developmental needs of children who arrive at their homes with chronic illnesses, disabilities, and severe emotional problems; families who wish someone had reached out to them earlier; and foster children who want what all children want — a loving, safe, and nurturing family and a stable, secure home.

Marginal changes will not turn this system around. Instead, we need comprehensive reform based on fundamental restructuring of our efforts to help troubled children and protect vulnerable children.

Many research and advocacy organizations have expressed similar frustration and concern about the child welfare system.[a] Organizations and individuals familiar with the system tend to agree that fundamental reform is necessary to reduce the number of children who must be removed from their families and to ensure safe, nurturing, permanent homes for children who cannot live with their parents. The Commission recommends a framework for a comprehensive, community-based, family-focused system that will lessen the need to place vulnerable children in substitute care by ensuring that their families have the necessary supports to raise them.

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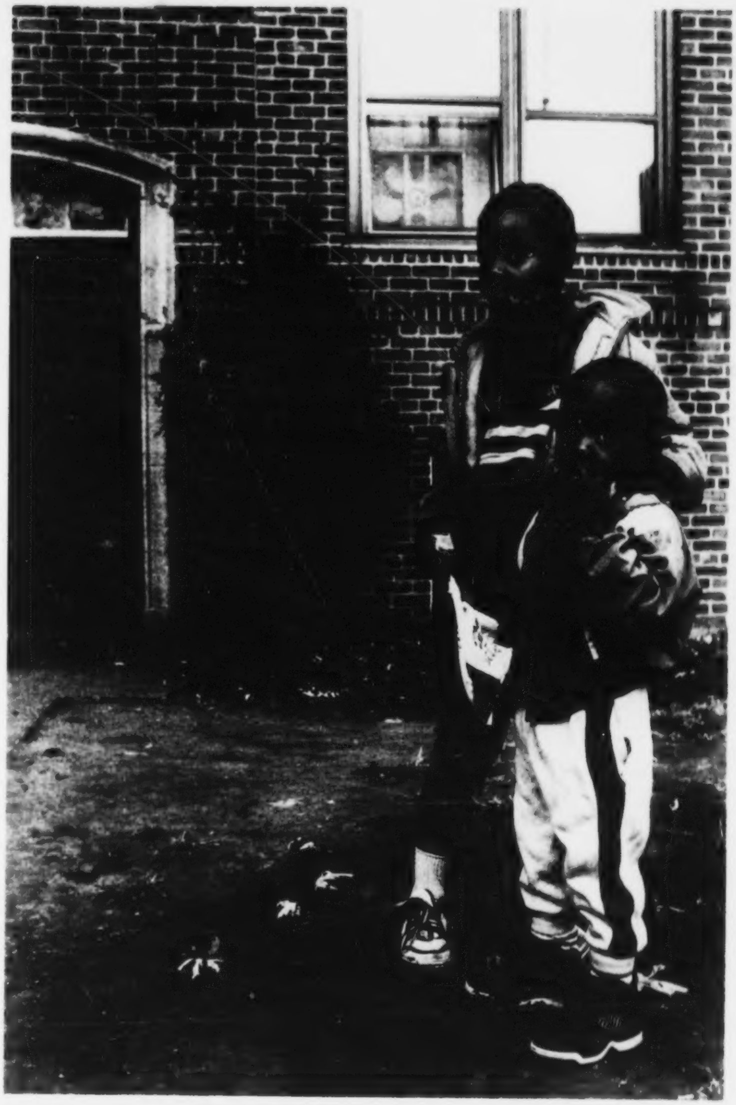
[a] Those organizations are the American Public Welfare Association, the Annie E. Casey Foundation, the Center for the Study of Social Policy, the Child Welfare League of America, the Children's Defense Fund, the Edna McConnell Clark Foundation, and others.



In concurrence with the recent report of the American Public Welfare Association's Commission on Child Welfare and Family Preservation, we recommend a three-tiered approach to strengthen families and reduce the number of children placed outside their homes. This approach focuses substantially more attention on family support to promote the health and well-being of vulnerable children and families before serious problems develop. Recognizing the value of prevention, the first tier focuses on supporting *all* families by providing them with easily accessible, community-based, family-oriented services that enhance parents' ability to care for their children. The family support programs described and recommended in the previous chapter are the core of this first tier.

The second tier calls for restructuring and expanding family services so that they are more comprehensive and cohesive and can address the pressing needs of families before and during a crisis. The third tier, which most closely resembles the current child welfare system, focuses more on family preservation, reunification, and, when these are not possible, permanent placements for children living apart from their families. The overarching goal of this new approach is to provide families with appropriate and adequate supports, in this way reducing the number of children who will need to be removed from their families. If more effort and resources are not directed toward prevention and early intervention, the child welfare system will continue to fail the children and families most in need of help.

The National Commission on Children recommends a comprehensive community-level approach to strengthen families. We believe that early family support and the availability of preventive services will ultimately lessen the need for children to be removed from their homes. We therefore urge that programs and services for vulnerable children and their families be restructured to include three complementary approaches:

1. Promoting child development and healthy family function through locally controlled and coordinated, community-based family support networks that offer access and referrals to a broad range of services, including health and mental health care, education, recreation, housing, parenting education and support, employment and training, and substance abuse prevention and treatment.

This first tier is designed to promote healthy child development, strengthen families, enhance parents' childrearing skills, and build the capacity of communities to support families. To achieve these goals, community organizations, agencies, and individuals must join forces to provide a mix of prevention programs and services that are easily accessible to all families and are offered in a manner that is sensitive to differences in family structure, culture, and ethnicity. This approach also requires additional training for social workers, caseworkers, and other service providers to recognize, understand, and cooperate in addressing the multiple needs of children and their families.[34]

This first tier should offer families information, eligibility determination, and referral to a broad range of local programs in health, education, mental health, income support, housing, and substance abuse treatment. Specific services that should be available at the community level include quality child care, prenatal care, parenting education, parent support services such as parent aides and visiting nurses, early childhood screening and developmental services, literacy and employment programs, and recreational activities for children and youth.[35]

2. Assisting families and children in need in order to strengthen and preserve families that voluntarily seek help before their problems become acute. Human service programs, including health and mental health, juvenile services, substance abuse programs, education, and economic and social supports, must collaborate to provide prevention and early intervention services that offer practical solutions to problems faced by families in crisis.

This approach has two goals: to strengthen and preserve families who seek help for existing problems and to improve the ability of service agencies to deliver coordinated, family-focused services that are nonpunitive, voluntary, and culturally responsive. To achieve these goals, communities must ensure that families facing problems such as poverty, unemployment, ill health, homelessness, substandard housing, adolescent pregnancy, or delinquency have access to more intensive services than those provided in the first tier. In particular, the growing relationship between parental substance abuse and child abuse and neglect highlights the need for community-based drug and alcohol treatment programs for parents, pregnant women, and children. All of these problems must be addressed as family problems, rather than as conditions that affect only a child or only a parent. Specialized services, such as respite care, child and family mental health care, crisis intervention, voluntary family preservation services, and short-term voluntary placement of children outside the home, should be made available. All of the services in this second tier are transitional; they are provided to families based on need and end when problems are resolved.[36]

Helping families before their problems become acute requires coordination among federal, state, and community programs and providers to reduce conflicting eligibility criteria, administrative barriers that prevent families from receiving assistance, and duplication of services. In the next chapter, we discuss coordination and collaboration among programs and services in more detail and offer recommendations to build a more cohesive service delivery system for families with multiple needs. In essence, a more coordinated and collaborative system would encourage service providers to help families locate and receive the full range of services they may need in order to establish or restore healthy family functioning. One way to do this is to use case managers to help a family secure the services that address immediate needs, build family strengths, and reduce the likelihood that children will have to be removed from their homes.

3. Protecting abused and neglected children through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or to provide permanent placement for those removed from their homes.

This approach has three goals: to protect children who have already suffered or are at imminent risk of suffering serious harm; to ensure that reasonable efforts are made to maintain children safely in their own homes once a finding of abuse or neglect is substantiated; and to provide permanent placement for children who must be removed from their families. This tier most closely resembles today's child welfare system; however, as the third tier in a pyramid of family support and child welfare services, it would focus only on those families in which children have suffered or are at risk of suffering serious harm.[37]

While services in the second tier would be voluntary, those in the third tier would be mandatory. For example, families in crisis that are likely to benefit from intensive in-home family preservation services would be offered this option as the only alternative to having their children placed in foster care. When a child must be removed from his or her family, reunification services would be provided to prepare both the child and the family for a return home. Finally, children who remain in foster care would have a sustained, supportive environment enriched with education, therapy, recreation, and other developmentally appropriate services to help them become independent, productive adults.[38]

For children, sudden removal from their homes — even destructive or neglectful homes — is a traumatic experience. Like William, they are taken from familiar surroundings by strangers, often with little if any explanation,

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and they are placed in crowded emergency shelters or foster homes with few resources to address their medical and psychological needs. Siblings are frequently separated, and children have little or no contact with family members or social workers who can help them understand what is happening.

Children who have been removed from their homes and are awaiting court hearings need special care and support to help them through this painful and frightening experience. They should always be placed in safe, home-like shelters where their medical and psychological needs can be met. Whenever possible, siblings should be kept together, and when appropriate, families should be encouraged to visit.

Children placed in foster care by the court should be cared for in settings that protect their health and safety and address their developmental needs. All children need close, one-to-one relationships with caring adults, yet foster children rarely have the opportunity to form and sustain these close ties. Family-like settings are more likely to encourage the development of nurturing relationships than are large, impersonal institutions. Placement with relatives is often a desirable arrangement for children who have been removed from their parents, since it enables children to retain links to their families and may be less stressful than placement with unfamiliar adults and children. However, placing a child with relatives does not abrogate the state's responsibility to protect his or her health and development. States must still provide necessary supports and services to children, their families, and the relatives who serve as foster parents. They must also continue efforts to reunify parents and children.

For children who cannot be placed with relatives — especially for infants and very young children — well-trained and properly supported foster families typically provide the most intimate environment.

Group homes that are properly staffed and supervised and that offer counseling, supervision, and discipline in small family-like settings can also provide supportive environments for children. These arrangements may be especially suitable for older children and for adolescents.

Children's centers that provide a home-like environment for small groups of children, are staffed by skilled professionals, and offer a complete range of services — or coordinate with other providers to meet children's needs — are another option for foster children of all ages. Their visibility can create opportunities for community support and involvement and heighten children's chances of adoption if they are unable to return to their biological families.

Regardless of the substitute care setting, people who work with vulnerable children and their parents, including child protective services caseworkers, foster parents, relatives, and employees of group homes, shelters, and residential centers, must be appropriately trained to recognize and understand the complex problems these troubled families face, and they must receive adequate support to provide the help that families need. States and communities should ensure that service providers are trained to properly

assess families' needs and help them gain access to the array of supports and services they may require. Foster parents, especially those caring for chronically or mentally ill children, also need specialized training and support. Finally, child welfare and protective services staff need appropriate training and professional support. They should not be expected to manage caseloads so large that they are unable to work thoughtfully and responsively with troubled families. When caseworkers are unable to spend sufficient time with their clients, they are less likely to provide supports and services in a timely fashion, and as a consequence, children are sometimes separated from their families for longer periods than would otherwise be necessary. Reducing caseloads is also likely to help lower the present high turnover rates among child welfare caseworkers. In Chapter 11 we discuss in more detail working conditions in the public child welfare field and make recommendations for recruiting and retaining talented individuals.

To ensure that children do not remain in out-of-home placements longer than necessary, state child welfare systems must redouble their efforts to develop permanency planning goals for *each* child living outside her or his family. Permanency planning goals can range from family reunification to adoption or placement in long-term foster care. For infants abandoned at birth and other young children who need the support of a stable, committed caregiver but who cannot be safely returned to their biological families, we encourage states to move faster to terminate parental rights, where appropriate. We recognize, however, that termination of parental rights may not be in the best interests of all children. For instance, it may not be the best alternative for adolescents, who have limited opportunities for adoption and who may have difficulty assimilating into new family environments. When termination of parental rights is not feasible, it is imperative that children are able to live in a single, stable placement and receive care that is responsive to their needs.

Adoption offers a new beginning to children whose parents are unable or unwilling to care for them. The adoption process itself and the supports and services provided to all parties must be sensitive to the emotional needs of the children, the biological parents, and the adoptive parents. Traditional counseling before and after birth with the biological parents, as well as counseling before and after adoption with the adoptive parents, should be supplemented with additional health and social services as needed, including health care for medically fragile children.

All three tiers of the proposed system are essential. Until the nation pays substantial attention to building the capacity of communities to support all families in their childrearing roles and provides an array of supportive services to those experiencing problems, the existing child welfare system will continue to be little more than "an emergency room for troubled families".[39]

The social workers, it's hard for them to reach out to individual kids when they worry about 30 kids in one month. We have to cut down on caseloads and get more social workers. I had a social worker who had six, one lady, and she just gave me more attention than any of my other social workers.

— WILLIAM
Foster Child,
Los Angeles, California

Steps Toward Implementation

Reform of the nature and magnitude described above will require substantial changes over the coming decade in policies and practices at all levels of government and in all service systems.

The Federal Level

We urge Congress to adopt the three-tiered approach outlined above and to legislate the changes at the federal level to enable states and localities to strengthen and support families and more effectively address the needs of vulnerable children and their families. The federal government should alter funding incentives that inhibit states and localities from providing essential preventive services, and it should restructure programs for children and families to improve coordination and collaboration among relevant health, education, and social service providers. It should require states to extend foster care services to youth up to age 21 and provide services to all foster youth to prepare them for independent living when they leave the foster care system. The federal government should also assist in collecting relevant data and training child welfare staff and foster parents.

Changes in Funding Incentives. Current federal funding structures encourage states to remove children from their homes rather than to provide intensive in-home services or prevention and early intervention efforts. The reforms proposed by the Commission would reverse the present pattern of spending and direct more human and financial resources to prevention and family preservation. Such a fundamental reordering of funding priorities should be implemented carefully. As a first step, we urge the federal government to create demonstration projects that channel additional funding to states to test preventive interventions. This additional funding would have neither the restrictions nor the incentives for out-of-home placement built into Title IV-E and Title IV-B funding.

Extending Foster Care to Age 21. Many children in foster care are behind in school. The psychological stress they experience before and after removal from their families often negatively affects their school performance. In addition, when placement in foster care requires that they change schools (for some children more than once), young people frequently are unable to complete course requirements for matriculation and are held back. As a consequence, many foster youth have not completed high school by the time they turn 18 and are not educationally or emotionally ready to support themselves independently. Historically, states have extended foster care services to children up to age 18. In 1990, recognizing that many foster youth need additional support to complete their high school educations, to pursue postsecondary education and training, and to acquire the necessary skills and knowledge to live successfully on their own, Congress extended federal support for foster care services to youth up to age 21 at state option. To ensure that all young people living outside their families are able to receive the support and services they need to make a successful transition to adulthood, the Commission urges the federal government to require all states to extend foster care to youth up to age 21, conditional on their enrollment in educational or job training programs, and to provide services to prepare them for independent living. These services should be financed under the provisions of Title IV-E, as are other out-of-home care arrangements for children in the protective custody of the states.

Greater Coordination of Federal Programs. Severely troubled and highly stressed families are often unable to get help to avert problems before they become crises. The bureaucratic maze of discrete, unrelated programs, each with its own administrative procedures and eligibility criteria, discourages many families from seeking help and delays the provision

of assistance to others. The unfortunate consequence is often to heighten parents' feeling of isolation and helplessness and to exacerbate problems that may lead to abuse or neglect. Once children have been removed from their homes, fragmented and narrowly defined programs make it difficult for foster parents and caseworkers to secure the array of health, educational, and social services many of these children desperately need.

Much of this fragmentation begins at the federal level. In Chapter 11 we offer several recommendations for federal actions to make it easier for states and localities to design and deliver comprehensive services to severely troubled families. These include mechanisms for greater coordination within the executive branch and across congressional committees; decategorization of selected federal programs to promote flexibility in service delivery; and uniform eligibility and a consolidated, streamlined application process for the major federal means-tested programs. The Commission also recommends demonstration projects at the state and local levels to experiment with innovative strategies to coordinate services and promote greater collaboration among providers who work with troubled families. Meeting the needs of children and families in the child welfare system should be a top priority of these demonstrations.

Data Collection. The federal government also has a unique role to play in helping states design and maintain systems for gathering, integrating, and reporting data on children and families in the child welfare system. At present, there is no systematic method of accounting for children in substitute care. Some children are "lost" in the child welfare system for months or years, making the provision of services, let alone permanency planning, impossible. It is even impossible to say how many children are wards of the states at any given time. We encourage the federal government to establish guidelines and provide start-up funding for a uniform data collection system in every state. At both the federal and the state level, this information is essential for program planning and monitoring.

Support to Child Welfare Staff and Foster Parents. To enhance the quality of care for the most vulnerable children and their families, the federal government should provide leadership and fiscal incentives to states to improve the recruitment, retention, and training of supervisory and direct service staff serving troubled children and their families.

Foster families should be eligible to receive the refundable child tax credit recommended in Chapter 5 as a component of the Commission's income security plan. In addition, the federal government should explore ways of allocating child support funds collected from absent parents to adults caring for foster children. Given the administrative complexity of coordinating the child support and child welfare systems, we urge the federal government to establish demonstration projects to develop effective mechanisms for ensuring that persons caring for children outside their homes receive adequate support to meet those children's needs.

The State Level

Governors and state agencies must adopt and implement the comprehensive child welfare reforms we have recommended at the federal level. States should also explore earlier termination of parental rights for children abandoned at birth and improve training and support for service providers who work directly and indirectly with the most vulnerable children and their families.

Termination of Parental Rights. Children need strong, stable, one-to-one relationships with their parents. When parents are unable or unwilling to provide consistent care and nurturing, children should have an opportunity to develop stable, trusting relationships with other caring adults. Accordingly, the Commission encourages states to review their judicial policies regarding termination of parental rights and take steps to accelerate the adoption process in cases where babies have been abandoned at birth and where repeated attempts to reunite older children and their parents have been unsuccessful. Some commissioners recommend terminating parental rights for abandoned infants after 90 days, in order to ensure that these very young children are able to be placed in loving homes and to begin the process of bonding with their adoptive parents as early as possible. While the 90-day period may be used as a guideline, all commissioners believe that social workers and judges must review cases on an individual basis to account for special circumstances that may warrant longer or shorter stays in foster care. The Commission further urges the National Conference of Juvenile Court Judges to develop model statutes and administrative procedures to accelerate the termination of parental rights in cases where there is little hope of successfully reuniting children with their biological families and adoption is feasible.

Greater Coordination of State Programs. State legislative committees, subcommittees, and administrative agencies should take steps to coordinate health and social service programs for troubled families and for children in foster care. Breaking down bureaucratic and administrative barriers will first require clear, strong, and sustained state-level leadership. Governors must take steps to establish comprehensive, community-based, family-oriented service systems in their states, and they must hold all relevant agencies accountable for accomplishing it. Successful implementation will require substantial cross-agency budgeting and planning in order to move funds across agency boundaries and to achieve greater flexibility in organizing and delivering services to families in crisis. To begin this process, the Commission urges governors to launch demonstration programs within their states that build on federal initiatives.

Encouraging Local Initiative. We also encourage states to vest significant authority in local communities, creating incentives for local agencies and community-based service providers to design and implement their own networks of family support and assistance. Those closest to families experiencing problems are often the most motivated and most creative in finding solutions. States should encourage local creativity and initiative by providing necessary financial resources, offering technical assistance, and establishing standards by which to measure local progress.

Support to Child Welfare Staff and Foster Parents. With federal assistance, states must take steps to improve training and support for health and social service providers, including child welfare caseworkers, who work with troubled families and their children. States should provide incentives to colleges and universities, as well as public and private nonprofit agencies, to improve the recruitment, retention, and training of supervisory and direct service staff. States should also enhance and extend training for foster parents to prepare them to respond effectively to the needs of the increasingly troubled children in their care. Finally, they should review their procedures and practices for monitoring foster family homes, group homes, and institutions to ensure that children receive appropriate care.

The Local Level

As local communities gain increased authority and autonomy, they must also accept increased responsibility for the well-being of children and families. The development of local networks of family support programs and the effective delivery of integrated services depend on the ability of communities to respond to the needs of their own families. Local communities can begin by assessing the status and needs of children and families, reviewing the resources available to respond to those needs, bringing existing service providers and committed individuals together to design a comprehensive support system for families, and providing training and support for the professionals, paraprofessionals, and volunteers who will staff the programs and work directly with parents and children.

Costs and Benefits

Without additional investments in prevention, intervention, and intensive family preservation, the federal and state governments will have little alternative but to spend ever larger sums to care for children outside their families. If present trends in out-of-home placement continue, the Congressional Budget Office projects that the federal government will spend a total of approximately $9.24 billion between FY 1991 and FY 1996 under Title IV-E to maintain children in foster care.[40]

The National Commission on Children believes that providing families with comprehensive prevention and early intervention services will enhance family functioning and, over time, significantly reduce the need for costly out-of-home placements. In the previous chapter, we recommended a first-year investment of $400 million of federal, state, local, and private funds for community-based family support programs, increasing to $2 billion (divided equally between federal and nonfederal sources) after five years. These programs and the networks they establish with other community programs and services will make up the first tier of a restructured child welfare system.

To provide the more intensive services that are part of the second and third tiers, the federal government will need to increase funding under Title IV-B. The majority of commissioners recommends changing Title IV-B to an entitlement, making funds equally available for the provision of family preservation services and for foster care. This will eliminate any

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fiscal incentive for removing children from their homes unnecessarily by ensuring that states have adequate funds for prevention. Along with funding in tier one for family support, this step would represent a substantial investment in promoting child development, improving family functioning, and preventing family crises that result in children being removed from their homes. Over time, these commissioners believe, this investment will reduce the amount of federal and state funding needed for out-of-home placement under tier three. As this transition occurs, federal savings from reductions in out-of-home placements should be used to cover the federal share of costs for prevention under the new entitlement provision.

Until Title IV-B is changed to an entitlement, most commissioners urge Congress to increase appropriations for prevention and family preservation services. The FY 1991 appropriation for Title IV-B is $273 million. Over the coming five years, they believe funding should be increased by approximately $215 million annually so that prevention and reunification services will be available to half the families with substantiated cases of abuse or neglect and two-thirds of families that already have a child in foster care. In this way, the FY 1992 Title IV-B appropriation would be $488 million; by FY 1996, it would increase to $1.075 billion, approximately the same amount that is currently spent on out-of-home placement under the provisions of Title IV-E.

A minority of commissioners believe that current problems in child welfare are not related primarily to inadequate funding. Indeed, total federal expenditures on child welfare services have increased from $536 million in 1981 to $2.385 billion in 1991. Rather, these commissioners believe it is difficult, if not impossible, to address current problems in child welfare because of the structural roadblocks states face in obtaining funds through Titles IV-B and IV-E. Consequently, these commissioners recommend that the relationship between Titles IV-B and IV-E be altered to allow greater flexibility in spending monies for preventive services. In doing so, these commissioners believe, it would not be necessary to appropriate additional monies for child welfare services.

Federal, state, and local governments, as well as private sector employers and the general public, will benefit from an increase in preventive services. In addition to the savings that should result from fewer out-of-home placements for children, strengthening families should enhance parents' ability to meet their children's physical, intellectual, social, and emotional needs.

While this new approach will require additional human and financial resources, we believe its long-term benefits significantly outweigh its costs. We project significant reductions in the number of costly interventions associated with removing children from their families. Further, strengthening the family will result in reductions in juvenile delinquency, school dropout, teen pregnancy, and other high-risk behaviors among children raised in troubled families. If we do not take these steps toward supporting vulnerable children and their families, the social and economic toll on this country will continue to rise.

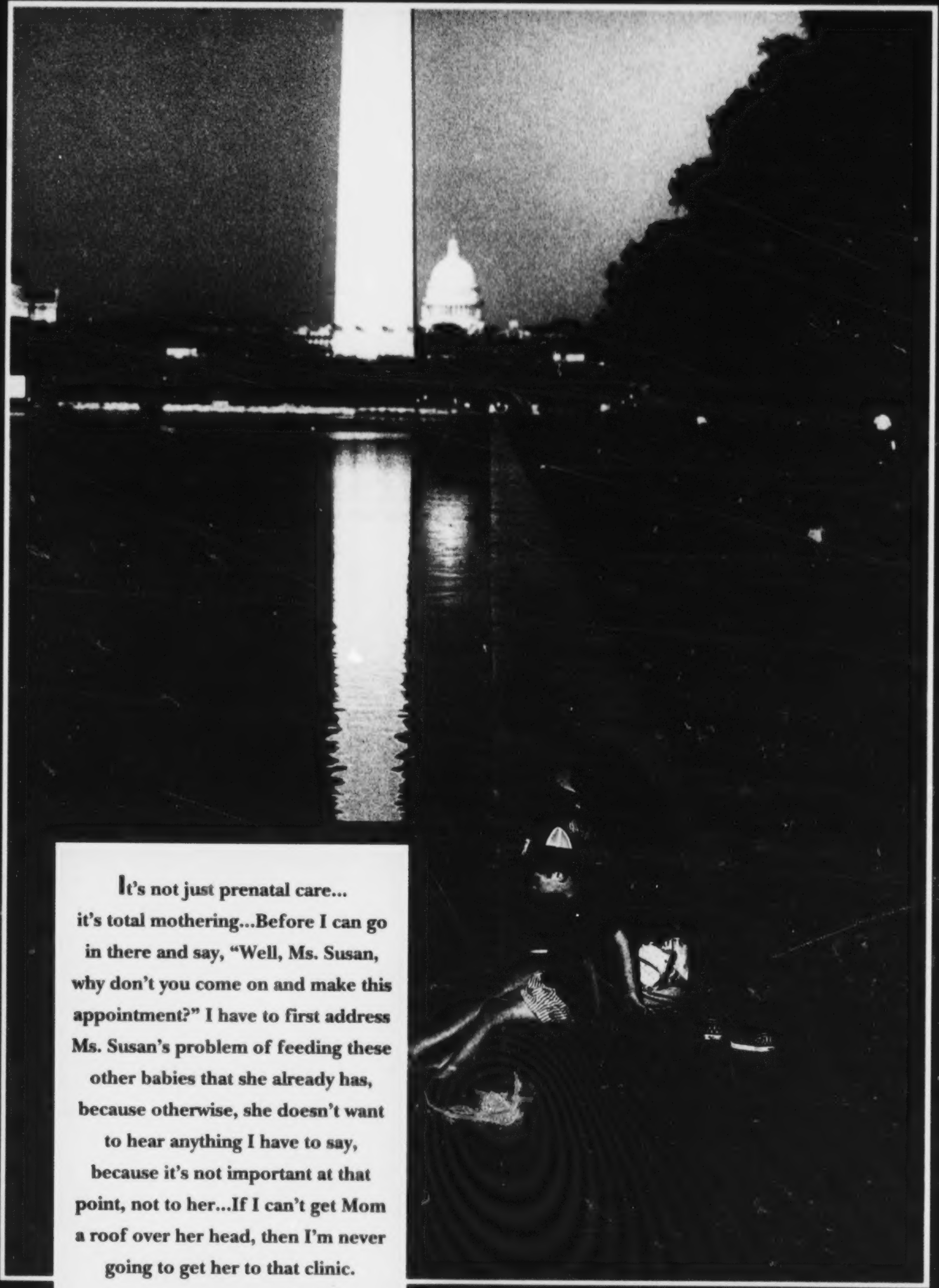
We have to look and listen to the people that we're trying to help. I mean, we all have the solution for somebody else's problem, but we're not listening to them to find out what their problem is. In a sense, we're playing God with other people's lives, and we're not even bothering to ask them.

— LUPE ROSS
Foster Parent,
Los Angeles, California

Conclusion

Most American children are raised by their parents in supportive and nurturing environments. However, recent social and economic changes have put new pressures on families, pressures that in some cases overwhelm parents' ability to protect and care for their children. As a result, a large and growing number of children have been removed from their families in recent years. For these children, the child welfare system has become the caregiver of first and last resort. Too many remain faceless and forgotten in crowded institutions and poorly supported foster homes. As a society, we should not continue to remove children from their families when efforts to provide support — particularly early support — hold such promise for strengthening families and reducing the need for out-of-home placements.

The National Commission on Children recommends a plan for comprehensive reform to support and strengthen the ability of parents to care for their children. This plan must involve all sectors of society: at one end, the federal government must establish a framework and provide support to states and localities; at the other end, local communities and service providers must tailor programs to meet the needs of children and families. We recognize that reform takes time and that success does not occur overnight. But we know enough now to begin. Further delay will continue to place many children and their families at unnecessary risk and cost the nation billions of dollars in costly interventions that could have been avoided.



It's not just prenatal care... it's total mothering...Before I can go in there and say, "Well, Ms. Susan, why don't you come on and make this appointment?" I have to first address Ms. Susan's problem of feeding these other babies that she already has, because otherwise, she doesn't want to hear anything I have to say, because it's not important at that point, not to her...If I can't get Mom a roof over her head, then I'm never going to get her to that clinic.

— VIVIAN LOUIS-BURNETT
Casefinder,
Chicago, Illinois

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CHAPTER ELEVEN

Making Policies and Programs Work

All families, regardless of their resources and circumstances, need occasional support and assistance. They may need help locating child care, treating a child's health condition, or coping with a learning problem. Many parents seek advice and guidance on childrearing or help in dealing with marital stress or a family dispute. Any family can be touched by mental illness or substance abuse, and none is immune to accidents, death, or disability. Few families are completely free from economic worries.

In the last half century, a complex system of statutory and publicly financed services has developed to promote children's health and development, assist parents in meeting children's basic needs, encourage success in school, and protect children from abuse and neglect. The United States also has a rich tradition of private efforts to support and assist families, including informal networks of friends and relatives, programs sponsored by community-based organizations and private nonprofit agencies, and benefits provided by employers.

For the majority of well-functioning families with ample financial, social, and psychological resources, this mix of informal support and public and private programs is both adequate and appropriate. They generally have the wherewithal to overcome geographic, bureaucratic, or financial hurdles and obtain the services they require.[1] With assistance from the family support programs and networks described in Chapters 9 and 10, these families should be able to get the help they need under most circumstances.

For families facing multiple, severe problems, however, the present system of services and supports is wholly inadequate. These families may have trouble identifying programs or services, they may find the process of applying and qualifying for assistance difficult, and their access may be limited by geographic or economic barriers. Typically, their coping skills are limited, as are their sources of informal support. They may be at imminent risk of child abuse, suffering extreme poverty and social isolation, or trying to cope with substance abuse, joblessness, and other stresses.

Research and experience tell us that children in such severely troubled families are at greatest risk of serious health and developmental problems, failure in school, social alienation, and long-term dependency.[2] For these children and their families, an uncoordinated service delivery system made up of autonomous, narrowly defined programs can rarely provide the kind of comprehensive, coordinated, and intensive assistance necessary to resolve a crisis and establish or regain healthy family functioning. They need more integrated and sustained interventions delivered by professionals who recognize and are able to respond to a family's multiple problems and needs.[3]

A young child with severe learning delays, for example, may also have unmet medical needs, may be undernourished, and may reside in substandard housing in a crime-ridden neighborhood. One parent or both may be clinically depressed, alcoholic, or dependent on drugs. An older brother or sister may be failing school and engaging in high-risk activities that exacerbate the family's instability. For that young child, a program that delivers services designed solely to treat learning problems is unlikely to alleviate the other adverse circumstances in the child's life. On the other hand, a service provider with the knowledge, skill, and authority to address a family's broad needs could secure ongoing health care for the child, help the family apply for food stamps, refer the parents for substance abuse or mental health treatment, and encourage an older sibling to participate in a tutoring program and other positive youth activities. He or she could also provide counseling to help family members develop and sustain more supportive personal relationships.

A family is most likely to receive this kind of intensive, comprehensive assistance when programs for children and families share three fundamental characteristics:

- they are part of ***an easily understood, comprehensive, and cohesive system*** that helps families seek and secure benefits and assistance, encourages collaboration among programs and services, and responds to the multiple needs and problems of severely troubled families;
- they share a ***commitment to prevention and early intervention*** efforts to strengthen families and prevent problems that limit or threaten children's long-term health and well-being; and
- they ensure ***high-quality services*** by hiring skilled staff, providing supportive work environments, and giving staff members the flexibility to respond to the individual needs of the children and families they serve.

Unfortunately, the present system of human services often falls short of these goals. It tends to deliver narrowly defined services to narrowly defined populations. Collaboration across programs occurs rarely and requires great effort. Substantial investments in prevention and early intervention are often precluded by pressures to meet the urgent needs of children and families in crisis. Recruiting and retaining talented individuals in fields such as early child development, education, and child welfare have become increasingly difficult.

To address these limitations, the National Commission on Children recommends a series of steps to:

- promote greater collaboration among children's programs at the federal level, decategorizing selected programs that serve the same populations, establishing uniform eligibility across the major federal assistance programs, and facilitating state- and community-level innovation in the delivery of services;
- prevent costly social problems through policies and programs that promote children's health and development and enhance parents' ability to nurture and support their children;
- improve the caliber of staff in programs serving children and families through increased training opportunities, working conditions that encourage innovation and flexibility, and salaries that reward skill, experience, and effectiveness.

These recommendations offer both a more humane and a more cost-effective approach to serving children and families than does the present system. As the stresses and problems facing many families continue to escalate and the costs to society become dearer, we also believe they offer the only sensible course of action.

Bringing Cohesion to a Fragmented System

Categorical Programs in a Fragmented System

In fiscal year (FY) 1989, the federal government spent approximately $59.5 billion, or 5.2 percent of total federal program outlays, on programs and services for children,[a] [1] (see Table 11-1). These funds support at least 340 programs administered by offices and agencies scattered across 11 cabinet-

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[a] An additional $38.6 billion in revenue was foregone as a result of federal tax exemptions, deductions, and credits designed to help families meet children's needs.

TABLE 11-1

Estimated Public Expenditures on Children, Fiscal Year 1989

Type of Assistance	Expenditures ($ billions)
INCOME SUPPORT	
Social Security[a]	12.14
Aid to Families with Dependent Children	7.35
Child support enforcement	.95
Refugee assistance	.15
Railroad Retirement	.09
Veterans' benefits	.06
Subtotal	20.74
NUTRITION	
Food stamps	6.91
Child nutrition[b]	4.56
Special Supplemental Food Program for Women, Infants, and Children (WIC)	1.94
Commodity supplemental food	.06
Special milk	.02
Subtotal	13.49
SOCIAL SERVICES	
Social Services Block Grant	1.34
Foster care and adoption	1.34
Head Start	1.23
Child welfare	.25
Juvenile justice	.06
Older American volunteers[c]	.05
Adolescent family life	.01
Other social services	.15
Subtotal	4.43
EDUCATION	
Compensatory education	4.19
Education for the handicapped	1.88
Chapter 2 Block Grant	.97
Impact aid	.76
Vocational education	.73
Bilingual and immigrant education	.16
Indian education	.07
Other education	.33
Subtotal	9.09
TRAINING	
Job Training Partnership Act (Title II-A)	.80
Job Corps	.74
Summer youth employment	.72
Subtotal	2.26
HEALTH	
Medicaid	4.15
Maternal and Child Health Block Grant	.55
Immunization	.14
Family planning	.14
National Institutes of Health	.11
Infant mortality	.02
Subtotal	5.11
HOUSING	
Section 8 Leased Housing Assistance	3.21
Public and Indian housing	.94
Home ownership and rental housing assistance	.22
Subtotal	4.37
SUBTOTAL, DIRECT EXPENDITURE PROGRAMS	59.49
TAX EXPENDITURES[d]	
Dependent exemption[e]	24.00
Earned Income Tax Credit (EITC)[f]	3.90
Dependent care credit	4.88
Exclusion of employer health insurance	4.54
Exclusion of public assistance benefits	.23
Exclusion of food stamp and housing benefits	.23
Exclusion of disability benefits	.10
Exclusion of survivors' and dependents' benefits	.47
Exclusion of employer-provided day care	.26
Exclusion of foster care payments	.03
Subtotal	38.64
TOTAL, ALL PROGRAMS	98.13
IDENTIFIABLE STATE AND LOCAL EXPENDITURES ON CHILDREN, FISCAL YEAR 1989	
State elementary and secondary education	89.99
Local elementary and secondary education	80.03
State and local AFDC	6.07
State foster care	.99
State Medicaid	3.20
TOTAL, STATE AND LOCAL CHILDREN'S PROGRAMS	180.28

SOURCE: J. Juffras and E. Steuerle, "Public Expenditures on Children, Fiscal Year 1989," paper presented to the National Commission on Children, Airlie, Virginia, November 1990.

[a] Social Security benefits for children come through dependents' and survivors' benefits.

[b] This category includes the school lunch and school breakfast programs, as well as the child care and summer feeding programs.

[c] Through this program, older Americans volunteer as foster grandparents and work on such issues as literacy and drug abuse prevention.

[d] The figures used here are outlay equivalents.

[e] Technically, the dependent exemption is not treated as a tax expenditure, but, like the taxpayer exemption, as the nontaxability of the first dollars of income.

[f] This figure includes both the reduced tax liability of EITC recipients and the refundable earned income credits that many families receive.

level departments. State and local governments account for an even larger share of public expenditures on children, both in absolute terms and as a percentage of their budgets. In FY 1989, state and local governments spent at least $180.3 billion — or approximately 31 percent of their budgets — on programs and services for children,[b] [5] similarly dispersed across a range of state and municipal agencies and offices.

With the exception of spending on public education, the majority of federal, state, and local funds directed to children support categorical programs.[6] Categorical programs are designed to address the particular needs of target populations rather than providing benefits universally. For example, Medicaid, Aid to Families with Dependent Children (AFDC), nutrition programs, and drug treatment programs have specific operating and funding guidelines that define who is eligible to participate in a program, the range of benefits available, and how services are to be provided. Many programs are means-tested; that is, eligibility for benefits is based at least partly on family income.

Categorical programs typically provide specialized, narrowly defined services, reflecting the fact that children and families have different needs with varying levels of complexity. Prenatal care or drug treatment, for example, is usually available from programs and providers that deliver only those services.[7] This specialization often discourages service providers from looking broadly at a child's or family's general health and well-being or working together to meet their multiple needs. It also limits the types of assistance a severely troubled family receives.

This partial and uncoordinated response is the product of decentralized decision making. Legislative and executive branch authority for establishing, funding, and administering domestic policies and programs is widely distributed across congressional committees and executive branch agencies at the federal level. Authority at the state and local levels is spread among numerous legislative bodies and public agencies. Interest and advocacy groups often promote targeted responses to the needs of specific populations. Decentralized decision making is inherent in the democratic process, but it encourages policymakers to address isolated problems in an iterative manner and discourages a focus on complementary purposes or the collective impact of individual actions.[8]

> **The only funding that community agencies can get their hands on is categorical, specific, [and] for reimbursable kinds of services. They have got to go out and do a tap dance to try and convince whoever is giving them money that they are going to do these specific things for these families who are specifically eligible because they specifically have some diagnosable problem. We have to turn the whole system on its head. We have to begin to understand that the purpose of bureaucracy is not to keep people from service.**
>
> **— JUDY CARTER**
> **Executive Director,**
> **The Ounce of Prevention Fund,**
> **Chicago, Illinois**

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[b] These totals include spending on elementary and secondary education and the state shares of AFDC, Medicaid, and foster care. They do not include spending on child care and early child development programs, drug prevention programs, or other areas.

One of the chief results of a fragmented, categorical system is that programs providing assistance generally have different, and sometimes conflicting, eligibility criteria and administrative procedures. Service providers generally operate in separate locations, with different professional orientations, and subject to distinct governance arrangements. Typically, there is little communication or coordination among them. Families seeking assistance thus encounter a service delivery system that is often confusing, difficult to navigate, and indifferent to their concerns. At best, the resulting labyrinth discourages many families from seeking assistance. At worst, it delays or denies the provision of services to those in greatest need. For many, these obstacles appear at a time when they are least able to cope with additional stress or adversity.

A family seeking income support, food, and medical assistance, for example, would typically encounter these organizational barriers. Each of the nation's major means-tested assistance programs — AFDC, Medicaid, and food stamps — has its own eligibility criteria, and each is administered by a different federal agency (AFDC by the Family Support Administration in the U.S. Department of Health and Human Services (DHHS), Medicaid by the Health Care Financing Administration in DHHS, and food stamps by the Food and Nutrition Service of the U.S. Department of Agriculture). At the state level, where eligibility is determined and benefits are provided, responsibility is also often divided among agencies or divisions within agencies, each with separate offices or service sites.

As a result, families frequently are required to travel to different locations, complete lengthy applications, and comply with differing eligibility rules and regulations (including interviews; documentation from employers, landlords, medical providers, or all three; and asset verifications). Some will qualify for all three programs, some for just one or two. Others will encounter daunting procedural and bureaucratic hurdles. To a large extent, this arduous process is driven by federal statutes and regulations, administrative practices that differ across programs, and sanctions imposed on states by the federal government to guard against errors. The result is often to delay a family's enrollment in a program or to deny it solely on procedural grounds.[9]

The present system also imposes significant psychological costs on families seeking and accepting public assistance. Poverty and pathology largely determine which families receive assistance and which do not. To secure any help at all, families must, in essence, demonstrate that they are unable or unwilling to meet their children's needs independently. Whether families

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seek preventive services or emergency assistance, they frequently feel the stigma society attaches to participation in public programs. For some, this stigma is so great and the application process so demeaning that they forego assistance that is important to their children's long-term health and well-being. Eligibility requirements based on income or on some definition of failure may be necessary for the fair distribution of scarce social resources, but when they become the sole criterion and rationale for supporting families, they embarrass and demoralize parents and children and diminish society's commitment to ensuring the well-being of all the nation's children.

Fragmentation and lack of coordination also contribute to a widespread perception of inefficiency and waste in public health and social service programs. In many cases, this perception is justified. Multiple layers of bureaucracy and extensive record-keeping and reporting requirements —

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developed in part to guard against misuse of public funds — often cost more than they save. Familiar stories of records irretrievably lost and multiple appointments to resolve single issues further fuel public impressions of administrative waste and incompetence in publicly administered or publicly funded programs.

In recent decades, some Americans have come to despair of society's ability to address many of the problems plaguing children and families. In particular, they are skeptical of government's ability to respond, believing that at least some forms of public assistance do more to harm families than to help them.[10] Yet the Special Supplemental Food Program for Women, Infants, and Children (WIC), programs providing prenatal care to low-income women, childhood immunizations, high-quality preschool education, compensatory education, and other publicly supported efforts to promote children's health and well-being have documented records of success and cost-effectiveness.[11] Persistent problems — such as child poverty, teenage pregnancy, failure in school, crime committed by young people — and a flawed service delivery system obscure the fact that a number of categorical health and social service programs have significantly improved the lives and prospects of many American children.[12]

Barriers to Collaboration

More and better collaboration among programs and providers is the obvious solution to a fragmented and reactive health and social service system. But effective collaboration has eluded policymakers and public managers for decades.[13]

Federal mandates to coordinate child welfare and AFDC services, for example, have existed since at least the mid-1950s, to little avail. Title XX of the Social Security Act, enacted in 1974, never realized its potential to create coherent, family-oriented social service networks.[14] Creation of the Social Services Block Grant in the early 1980s, which consolidated the separate federal categorical programs funded by Title XX, succeeded in transferring funding decisions to the states, and the states have used this authority to set spending priorities different from those set by the federal government. For the most part, however, states have generally retained a categorical structure for distributing funds.[15]

In recent years, several agencies within the federal government (including the Administration for Children, Youth, and Families and the Bureau of Maternal and Child Health, both in DHHS) have received legislative mandates to coordinate their services with those of other agencies, but with no

I would say to you that the child-serving systems in this country are in crisis, so that the children who enter them, and the families who are served by them, are not only at risk of the problems in their communities and the problems within their family life, but they are also placed at risk by the child-helping systems themselves.

— CAROL WILLIAMS, D.S.W.
Center for the Study of Social Policy, Washington, D.C.

accompanying authority to compel other parts of the federal government to cooperate as well. Without this overarching authority or administrative mechanism, cooperation depends largely on the interest, ability, and good will of other agencies, whose leaders often serve brief tenures. The same barriers exist at the state level. To address these problems, some states have begun to experiment with children's cabinets and other coordinating councils, with varying degrees of success. Several major demonstration projects, some with foundation support, are also under way.[16]

In general, however, there are strong forces militating against interagency coordination and collaboration among public and private service providers. Public and political accountability are generally measured by how well an agency or program fulfills its particular mission, not by its contribution to a

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broader effort to improve the overall health and well-being of children.[17] Consequently, public agencies focus the bulk of their attention on outcomes that tell only part of the story — for example, how many children are removed from abusive homes, how many children are immunized, or how much achievement scores have improved. There are few resources and fewer incentives to look at and act on problems more comprehensively.[18] Competition among state agencies for scarce resources creates further barriers to cooperative or collaborative ventures.

Within the private sector, internal or external constraints make collaboration with government programs difficult. In many cases, funding limitations or legitimate concern over the use and abuse of public funds drives this failure to collaborate. In other cases, it reflects reluctance by private providers to serve those who use publicly provided assistance. Some private physicians, for example, refuse to accept Medicaid patients. In still other cases, public programs will not pay for all of the services a private provider considers necessary to a child's or family's well-being.

Different professional orientations among service providers and public managers can also limit collaboration. Professionals tend to focus on the specific aspects of a child's or family's life that are most familiar to them and often view their patients or clients through narrow disciplinary lenses. Communication across disciplines is often limited, even among talented professionals who are motivated to understand and adopt alternative clinical approaches. Technology, procedures, and terminology differ. Professional recognition and incentives vary. These factors, combined with the heavy caseloads of many public assistance programs, make collaboration a difficult, costly, and time-consuming process.

A More Responsive System for Children and Families

Services, supports, and assistance to families with children must be organized and delivered in a way that:

- supports healthy child development at every stage of human growth and across all domains of development;
- enhances the ability of families to cope with problems that affect their children;
- helps parents and children receive the supports and services they need to avoid more costly problems; and
- ensures that when children and families experience severe problems, they can receive the kind of intensive, comprehensive, and continuous

services and supports they need to establish or regain self-sufficiency and healthy family functioning.

To ensure that families gain early access to the services and supports that meet these objectives, ***the National Commission on Children recommends a series of changes in the organization, administration, implementation, and budget of programs at all levels of government to encourage a more collaborative and comprehensive service delivery system for children and families.***

In calling for greater collaboration, we do not advocate the wholesale merger of categorical programs into block grants. Instead, we view collaboration as a more thoughtful process for policies and programs to work together effectively and to reduce the administrative burdens that harm families, increase costs, and limit flexibility.

The specific steps we recommend are:

- greater coordination of child and family policies across the executive branch;
- creation of a joint congressional committee on children and families to promote greater coordination and collaboration across the authorizing and appropriating committees with jurisdiction over relevant policies and programs;
- decategorization of selected federal programs to bring greater cohesion and flexibility to programs for children and families;
- uniform eligibility and consolidated, streamlined application processes for the major federal means-tested programs and for other programs that serve the same or overlapping populations;
- incentives to encourage demonstration projects and other experiments in coordination and collaboration of services at the state and local levels; and
- new accountability measures that focus on enhanced child and family well-being, rather than solely on administrative processes.

Greater Coordination at the Executive Level. Responsibility for programs affecting children and families is widely dispersed across the federal government. These programs have traditionally operated relatively independently of one another, with few attempts to coordinate their efforts and no overarching policy goals to provide common direction. A similar focus on single programs exists at the state and local levels, often in response to the way programs are organized at the federal level. The combined result is confusion and frustration for families seeking services in their communities.

The Department of Health and Human Services recently announced a major reorganization to place many of the programs it administers for children and families within one high-level agency to provide greater focus and coordination.[19] The Commission applauds this initiative and urges other cabinet departments to explore similar reorganizations. We note, however, that coordination within cabinet departments is only part of the solution. Coordination must also take place across every agency of government with policies and programs that have a significant effect on children and families.

To bring higher priority and greater cohesion to federal policies to strengthen families and enhance child development, ***the National Commission on Children recommends that the President instruct the chairman of the Council of Economic Advisors to evaluate and report on the economic status of the nation's families and children, including an appraisal of the federal programs and policies that affect families and their children. These analyses and recommendations should be presented in the annual economic report of the President to Congress. We further***

urge the President, together with Congress and the nation's governors, to develop an ongoing mechanism to advance and improve the future of all American children by pursuing a national strategy for families and children based on the recommendations of the National Commission on Children. Setting priorities, restructuring, and coordinating child and family policies at the highest levels of government can also serve as a blueprint for similar efforts by states and local governments.

Creation of a Joint Congressional Committee on Children and Families. The fragmentation of policies and programs in the executive branch mirrors the fragmentation of jurisdiction in the legislative branch. At least 15 congressional committees have jurisdiction over various issues and programs related to children. Some authorize programs, others raise revenues for them, and still others appropriate funds. This fragmentation stems from a reasonable effort to divide labor and encourage members to develop expertise that is useful to the full legislative body. But it also fosters a narrow focus on populations and issues addressed by single committees and discourages attention to the collective impact of individual pieces of legislation. As a result, a coherent policy to promote the health and development of the nation's children has never emerged — in contrast to policies to ensure the nation's defense, protect its agricultural interests, and provide medical insurance and economic security to the elderly.

In the areas of economic policy and tax policy, Congress has established joint committees of the House and Senate. They have no authority to sponsor legislation but play a critical role in promoting coordination across the relevant committees and providing information and analysis. Based on this model, ***the National Commission on Children recommends establishment of a joint congressional committee on children and families to coordinate the actions of the authorizing and appropriating committees dealing with policies that affect children and families.***

Targeted Decategorization. Since the late 1940s, government administrators, federal commissions, and private organizations concerned with improved public administration have called for the consolidation of various federal categorical programs.[c] In that time, both Republican and Democratic administrations have advanced plans. They met with only modest success until the early 1980s, when the Reagan administration folded 77 federal programs into several block grants and eliminated 62 additional programs. However, the range of programs placed in block grants and the accompanying reductions in overall funding made consolidation a hotly contested, partisan issue for the first time.[20]

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[c] The Hoover Commission called for consolidation of categorical programs in the late 1940s and early 1950s. In the late 1960s, the Advisory Commission on Intergovernmental Relations (ACIR), the General Accounting Office, the Committee for Economic Development, and the Budget Bureau (now the Office of Management and Budget) all voiced support for various forms of block grants.

We urge Congress and the executive branch to revisit the issue of consolidation of selected categorical programs, not in a partisan manner, but as a means of improving the delivery of services to children and families in need. Accordingly, ***the National Commission on Children recommends the decategorization of selected programs for children, youth, and families in order to coordinate policies better at the federal level and to increase state and local flexibility to design and deliver programs that meet families' multiple needs and concerns. We do not recommend any accompanying reduction in funding.*** Targeted decategorization is intended as a strategy to improve services to children and families and reduce administrative burdens, not as a way to trim budgets.

Decategorization should be implemented cautiously, focused on programs within and across agencies and cabinet departments that address the same problems and populations. Several of the recommendations in preceding chapters suggest appropriate areas in which this process might begin. Among the health recommendations in Chapter 6, for example, are "one-stop shopping" for maternal and child health services, case management or case coordination of health, nutrition, and social services, and coordinated and comprehensive networks of services for children with chronic and disabling conditions. Coordinated services are critical to the success of the three-tiered approach recommended in Chapter 10 to strengthen troubled families and serve vulnerable children better. School-based management, recommended in Chapter 7, could also entail integration of a variety of education programs or of education, health, and social services.

There are two other areas in which program consolidation might improve services by giving states and local administrators more flexibility in designing programs. The first is programs for runaway and homeless youth in DHHS's Administration for Children, Youth, and Families. The Transitional Living for Runaway and Homeless Youth, Drug Abuse Prevention and Education for Runaway and Homeless Youth, and Runaway and Homeless Youth programs might be combined. They could also be combined with the Independent Living Program for foster children approaching adulthood to create programs to serve older adolescents living apart from their families, regardless of whether they are foster children, homeless children, or runaways.

Similarly, there are several categorical programs in DHHS and the U.S. Department of Justice designed to prevent or treat young people engaged in high-risk activities — drug and alcohol use, gang activities, premature and unprotected sexual activity, and school dropout. Research on adolescent development indicates that these high-risk activities are rarely isolated; young people engaged in one type of risk taking are generally involved in others. Separate programs have been developed and implemented to prevent or ameliorate the effects of these behaviors, but they often serve the same or overlapping populations of young people. In many cases, we believe, they should be combined.

Uniform Eligibility and Consolidated Application Processes for Major Federal Programs. Over time, implementation of the Commission's income security and health proposals will dramatically decrease the size of the AFDC population and replace Medicaid for children and pregnant women with a new health insurance program jointly funded by the public and private sectors. As these proposals are being considered and adopted, however, we must ensure that families have easier access than they presently do to the full range of services they need to protect their children's health and development.

Therefore, ***the National Commission on Children recommends the establishment, to the maximum extent possible, of uniform eligibility criteria across the major federal means-tested programs for low-income families with children and across other programs that serve the same or overlapping populations.[d] These programs include AFDC, Medicaid, WIC, and food stamps. We further recommend that states consolidate and streamline application procedures.*** At present, each state agency or office administering a means-tested program must review applications to determine a family's eligibility for services. Since many low-income families apply for and receive benefits from several programs, staff in several offices process applications for the same family. Uniform eligibility and a consolidated application process could significantly reduce the time, expense, and paperwork associated with repeated determinations of the same family's eligibility for several programs. These measures would also make it less difficult for families to gain timely access to a full complement of services that promote their children's health and development.

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[d] Income limits may need to remain as they are, since they vary considerably and for specific reasons, but most other eligibility criteria can and should be made uniform.

Among the criteria that should be standardized across programs are limits on resources, including the equity value of a family car; reporting requirements; verification standards; and treatment of life insurance policies and student grants, scholarships, and loans.[21] Asset limits should also be examined to ensure that they accurately reflect the current cost of living; where they do not, they should be increased accordingly. For example, AFDC places a limit of $1,500 on the equity a recipient may have in an automobile, a standard that has remained unchanged since 1979. Had the equity limit been adjusted for inflation, it would be approximately $2,700 today.[22] Particularly in rural areas, this unrealistically low limit may force families to choose between receiving benefits and having a dependable car to take them to job interviews, training programs, prenatal visits, or the grocery store.[23]

As directed by the Omnibus Budget Reconciliation Act of 1989, DHHS is developing a model consolidated application form for Medicaid, WIC, Head Start, services provided by the Maternal and Child Health (MCH) Block Grant, Migrant and Community Health Centers, and certain programs for the homeless. Uniform eligibility across programs is critical to the success of a consolidated application; without it, multiple applications are merely replaced by a single application that is as long and complex as the many single applications it combines. Uniform eligibility will shorten this form, making it less difficult for families to complete, eligibility workers to administer, and states to process. Upon adoption of uniform eligibility standards, DHHS should create a model consolidated application form that is based on AFDC, Medicaid, and food stamps, with automatic referrals to or enrollment in other programs for which a family may be eligible. These might include WIC, Head Start, MCH, community health centers, and homeless programs. We urge states to adopt this revised form as soon as it is available. We further encourage states to initiate aggressive outreach efforts, such as stationing eligibility workers at health clinics, hospitals, welfare offices, and other places where families now apply for single programs, in order to facilitate enrollment of their children in all the services they need.[24]

State and Local Demonstration Projects. Restructuring at the federal and state levels is necessary but not sufficient for the development of comprehensive, integrated services for children and families. Collaboration — or the lack of it — has its most direct impact at the local level, where children and families actually receive assistance. Concerned citizens in the community, families participating in programs and services, and service providers are the persons best suited to decide the kinds of services needed and the most effective manner of delivering them. They see and share the problems that families in their communities face on a daily basis, they know best the strengths and resources that can be marshaled to address problems, and they have the most at stake.

The National Commission on Children recommends that the federal government and the states provide incentives to encourage demonstration and pilot projects to improve the delivery of public health and social services to children and families. We believe strongly that local communities are better suited than the states or the federal government to develop and implement effective strategies to support children and families. But communities — especially poor communities — cannot do the job alone. The federal government and the states need to contribute at least some of the necessary resources, provide technical assistance, disseminate information about promising approaches, and hold communities accountable for their investment of public funds.

Essential elements of these demonstrations should be reducing or eliminating bureaucratic hurdles, overcoming organizational and professional barriers that prevent a comprehensive approach to meeting families' needs, and working closely with parents in designing and implementing strategies to improve children's health and well-being. Such a fundamental shift in the orientation of many programs and service providers may require states to provide guidance and assistance during the program planning and early implementation phases, as well as in evaluating the outcomes of these pilot projects.

Funding for demonstrations must also be accompanied by other measures to facilitate administrative innovation. One such measure is waivers of program regulations. Medicaid, for example, normally requires that any optional services states choose to provide be available statewide. (Like mandatory services, the cost of optional Medicaid services is shared by the state and the federal government.) Several states have requested that the federal government waive this requirement so they can use Medicaid funds to test innovative service delivery options in selected communities as a basis for deciding whether to implement them statewide. In some cases, waivers have been readily granted. In others, states have encountered opposition or significant delay.[25]

The federal government could also allow states and programs receiving public support to pool funds from different programs or agencies in order to achieve greater coherence in the delivery of services.[26] For example, local communities may wish to combine funds for a part-day Head Start program[e] with funds for child care provided by the Family Support Act's job training component as well as other child care funds distributed by the state. This would enable communities to provide high-quality, full-day care for children of AFDC parents enrolled in job training or education programs.

The Commission's recommendations in the areas of family support, child welfare, and health care call for some additional federal and state funding for new or expanded programs, many of which entail new approaches to service delivery. These funds should be disbursed in ways that encourage innovation, problem-solving, and flexibility in the provision of services to children and families.

New Accountability Measures

Collaboration is a means of improving the delivery of services to children and families, not an end in itself.[27] The success of any collaborative effort must be measured by the extent to which it strengthens families and enhances child development. ***The National Commission on Children recommends that public and private agencies that fund or administer programs to assist children and families measure the success of these programs by how much they improve child and family well-being, rather than simply by measuring compliance with bureaucratic or administrative processes.*** Agencies, particularly those receiving public funds, must be accountable for the effects of their efforts on child and family outcomes, not solely on their compliance with reporting requirements and other bureaucratic processes.[28] Accountability standards based on measurable indicators of children's well-being — for example, relevant health and developmental indicators throughout childhood and adolescence, competency-based assessments of children's educational attainment, levels of child abuse and neglect, rates of teenage pregnancy, and trends in youth incarceration — give the public and policymakers a clear sense of what difference public investments make and how programs can be improved.

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[e] In most communities, Head Start is a part-day program.

Increasing the Focus on Prevention

When families of limited means turn to public or charitable institutions for help in securing basic preventive services, such as well-child health care, parent education, or child development programs, they frequently find that assistance is not available, that programs cannot accommodate additional participants, or that restrictive eligibility criteria preclude their enrollment. For some families, the absence of preventive services contributes to later problems that require costly remediation.

The savings — in dollars and in human suffering — that accrue from prevention are well documented in many cases and reasonably inferred in others.[29] Some problems, such as infant mortality, low weight at birth, child abuse, failure in school, and teen pregnancy, can be averted with preventive supports and services.[30] In particular, investments in children's health and development during the prenatal period and in the first few years of life yield important long-term benefits. Yet the pressing needs of children and families in crisis often preclude public managers from devoting significant funding to proven or promising preventive initiatives.[31] Instead, the bulk of resources are of necessity directed to those with the greatest immediate need. Often, little remains for preventive interventions with populations at risk of developing serious problems.

This is nowhere truer than in the nation's largest cities, strapped for funds and struggling to cope with epidemics of crime, homelessness, drug-exposed newborns, and families who are unable to meet their basic needs. Treating these urgent problems consumes and sometimes breaks city budgets, leaving little or nothing for programs to prevent the drug abuse, failure in school, teen pregnancy, and other precursors of more costly social problems.

In child welfare systems across the country, funds are targeted almost exclusively to child abuse investigations and maintaining children in foster care. What little remains for prevention is generally directed to families at imminent risk of having a child removed. There are simply too few resources to address the needs of parents and children whose problems have not yet become crises.[32]

The Commission believes society would be better served by a spectrum of services ranging from prevention to intensive treatment. But prevention, particularly broad-based efforts directed at populations who are not in immediate danger, generally receives lower priority in the allocation of resources for human services, in part because the savings they produce are not fully realized immediately. Investments in prevention may help avert current crises that harm individuals, threaten public safety, and overwhelm health, child welfare, and education systems, but usually their payoff in stronger families, healthier children, safer communities, and reduced public expenditures comes years or even decades later.

Investing More in Prevention

Failure to invest more in prevention virtually condemns the nation to a self-defeating and ever-worsening cycle of human despair, lost potential, and social disintegration. Just two years ago, the Ford Foundation Project on Social Welfare and the American Future, commenting on the importance of investments in early childhood development, stated

> There is no more important contradiction in social policy than this: From the child development research we now know that the first few years of life play a crucial role in shaping a person's lifelong mental, emotional, and physical abilities. And yet it is for this stage of life that we seem to make our social investments most grudgingly and tolerate the greatest deprivation . . . . Simply put, our knowledge is not being applied.[33]

The National Commission on Children calls upon the nation to increase its investment in the prevention of problems that limit individual potential and drain social resources. Throughout this report, our recommendations reflect the importance we attach to prevention to

ensure that children are safe, healthy, and well cared for from before birth to adulthood. We offer a workable plan to enable every pregnant woman to secure the services she needs for a healthy birth and to see that every child has access to high-quality preventive and acute health care and adequate nutrition. To ensure that all parents have the skills, support, and opportunity to nurture their children, especially in the early years, we recommend family support programs, family and medical leave, and measures to enhance the economic security of families raising children. To reduce the number of troubled families experiencing child abuse and neglect, we recommend community-based family preservation services. To promote success in school, we urge greater availability of high-quality early childhood programs. Our recommendations to make the present system of health and social services more coherent and comprehensive will also help families avoid serious problems by offering timely assistance that is responsive to their needs.

Ensuring High-Quality Services to Children and Families

Delivering services is labor-intensive and often requires sustained one-to-one interaction between service providers and the children and families with whom they work. The quality of services depends on the caliber of professionals and paraprofessionals who staff programs and agencies. Their interactions with children and parents often have lasting effects on children's development and families' ability to create and sustain a nurturing environment.

Several factors contribute to the quality of services. They include the provider's knowledge, training, and experience, as well as his or her ability to integrate new knowledge about human development, family functioning, and the treatment of social problems into daily practice.[34] Also important are features of the provider's work environment, such as whether it encourages and rewards commitment, initiative, and creative problem solving; the extent to which it enables staff to work collegially and grow professionally; and how well it promotes stability and safety. Quality of services is also affected by the number of children or families with whom a provider must work at any given time.[35]

Many, if not most, of these factors are strongly influenced by the salaries paid and the professional recognition accorded to service providers. Unfortunately, human service staff who work with children and families are generally among the lowest paid and least recognized professionals and paraprofessionals in the United States. This is particularly true for teachers in early childhood programs and in some school districts, as well as caseworkers in child welfare agencies.

Early Childhood Staff. As discussed in Chapters 7 and 9, high-quality child care and early childhood compensatory programs can enhance the development and school readiness of children from poor and highly stressed families, as well as those from more advantaged families. Poor-quality care, on the other hand, often threatens children's health and impedes development, and it can be particularly damaging to children whose economic and social environments already place them at risk.[36]

Most professionals in the early childhood field are underpaid relative to their education, training, experience, and responsibility.[37] The average annual salary of a Head Start teacher in 1988 was $11,859. Almost half the Head Start teachers that year earned less than $10,000, and three-quarters of them earned less than $12,000.[38] Despite having more formal education than the average American worker, teachers in child care centers in 1988 had an average annual income of $9,363, slightly less than the federal poverty level for a family of three that same year. When wages are adjusted for inflation, child care teaching staff were actually paid 20 to 27 percent less in 1988 than in 1977. Only two of every five child care professionals receive health insurance from their employers, and only one in five has a retirement plan.[39]

Young children benefit from stable relationships with a small number of skilled and nurturing caregivers.[40] Yet low salaries in the early childhood field make it difficult to attract and retain skilled professionals. Child care centers had an average staff turnover rate in 1989 of 41 percent. Teaching staff earning $4 or less per hour left their jobs at twice the rate of those who earned more than $6 an hour.[41] Head Start programs also report high turnover rates.[42] Low salaries provide few incentives (and fewer resources) for further professional training and education.

Child Welfare Staff. Recent and dramatic increases in the number of severely troubled families who enter the child welfare system or seek mental health assistance highlight the need for superbly trained, strongly committed professionals willing to work intensively with troubled families. But low salaries, crushing caseloads, and the rigid procedures that govern many aspects of practice make careers in child welfare increasingly unattractive to many social workers, counselors, and other professionals. They also contribute to the poor morale and high turnover rates that characterize many public child welfare systems in the United States.

A nationwide study of salaries in public and private child welfare agencies in 1989 found that social workers with master's degrees earned an average of $24,824; those without master's degrees earned between $18,000 and $19,000.[43] A survey of public child welfare staff in more than 40 states found that the median salary for entry-level direct service workers in 1989 was just above $21,000; for top-level direct service workers, it was just above $27,000.[44]

Other developments in the child welfare field in the last decade have also made it harder to recruit and retain skilled staff. Increased reports of abuse and neglect have forced child welfare agencies to direct an ever-larger share of their human and financial resources to investigations and protective services.

In many communities, caseloads for child welfare workers have become so large that they prevent anything more than cursory attention, impersonal surveillance, and administrative review. Workers average between 50 and 70 cases at any given time, [45] although some caseworkers report carrying more than 200 cases simultaneously.[46] As a result, many professionals who entered the child welfare field with the training and desire to help families put their lives back together find themselves unable to take the time required to work aggressively and intimately with families in trouble. At the same time, federal and state accountability requirements and paperwork demands have grown over the years, limiting the flexibility and autonomy of child welfare workers.[47] Child welfare work and child protective services have also become increasingly dangerous and stressful jobs, requiring staff to enter homes and neighborhoods where crime and violence threaten their safety.

In addition, budget pressures have led some agencies to downgrade child welfare positions from professional to nonprofessional status, thus bringing fewer trained professionals into public agencies.[48] Today, only 25 percent of caseworkers providing direct services in the child welfare system have any social work training; roughly 50 percent have no previous experience working with children and families or in human service agencies.[49] These features, combined with relatively low salaries, make it difficult for child welfare agencies to attract or retain qualified staff. In Washington, D.C., for example, more than half of the child welfare agency's social worker positions are unfilled.[50] Turnover in the field is also quite high.[51] Many experienced social workers leave public service for more lucrative and less stressful positions in private practice, industrial social work, and employee assistance programs. As a result, foster children rarely have the same caseworker throughout their stay in the system, and reports of children lost in the public child welfare bureaucracy have become all too familiar.

One of the problems with the public welfare system today is that workers don't go out in the field anymore. They don't visit people's homes. They don't see them in their environment; and, therefore, they see them as a number, an application, "one of the 20 people I have got to see today if we're going to get this waiting room cleared out."

— SUE SERGI
Executive Director of the Community Council of Kanawha Valley, West Virginia

Public School Teachers. Public concern has mounted in the last decade over the ability of the nation's schools to provide children with the skills and knowledge they will need to function effectively in a highly complex society and an intensely competitive global market. Recognizing the pivotal role that teachers play in improved student performance, education reform in the early- to mid-1980s emphasized higher salaries in an effort to recruit and retain talented individuals to the teaching profession. Subsequent reform efforts have expanded this focus, stressing with increasing urgency the need to recruit America's best and brightest to careers in education and to create working environments for teachers that encourage skill and creativity.

In 1990, the average salary of classroom teachers in public elementary and secondary schools was $31,451 (in 1990 dollars). In real terms, this represents a 9.4 percent increase in salaries between 1976 and 1990.[52] Across states and school districts, however, there is great variation in average pay, ranging from just under $21,000 in several southern states in 1988 to more than $33,000 in California, Connecticut, and the District of Columbia.[53]

Unlike many other professionals, teachers have little say in decisions about the content and structure of their work and the standards by which they are evaluated. In highly bureaucratic and centralized school systems, they have little opportunity or incentive to innovate, consult with other teachers, or work collegially. They spend anywhere from 10 to 50 percent of their workday performing noninstructional tasks, such as monitoring lunchrooms and playgrounds or completing administrative chores. Only limited attempts are made in most schools to use highly skilled and experienced teachers to provide advice and guidance to new teachers.[54]

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These working conditions, combined with relatively low salaries, discourage the nation's best students from pursuing careers as educators. Although the percentage of entering college freshmen expressing an interest in teaching rose slightly in the mid-1980s, this increase was preceded by a 14-year decline, in which interest in teaching plummeted 80 percent. Even more troubling is the fact that new and aspiring teachers continue to be drawn disproportionately from the lower ranks of high school and college graduates.

Efforts to Improve the Quality of Services to Children and Families

Direct efforts to improve the quality of services to children and families have come primarily from states and the federal government and from academic institutions and professional associations that provide training and accreditation for staff and programs. To a lesser extent, parents with the knowledge and ability to remove children from unsatisfactory arrangements also prompt programs and professionals to upgrade the quality of services.

Regulation of programs serving children is primarily a state responsibility. States, for example, define and enforce minimum standards for child care.[55] As discussed in Chapter 9, state regulation of child care services varies widely, does not apply to many programs and providers, and is not generally backed by adequate enforcement and monitoring. The federal role is much more limited. Head Start maintains program performance standards that are a prerequisite to receiving funds.[56] Until they were suspended in 1980, the Federal Interagency Day Care Requirements applied to federally supported child care programs.[57]

Professional associations also establish standards of quality for staff and programs. Program accreditation in child welfare and child care is provided by organizations like the Council on Accreditation (established by the major professional associations in the child welfare field) and the National Association for the Education of Young Children.[58] Other organizations, like the Child Welfare League of America and the National Black Child Development Institute, have established standards to guide program development.[59] Teacher certification is provided by every state, with a variety of alternative approaches to training, certification, and standards emerging in recent years. For example, the National Board for Professional Teaching Standards, created by the Carnegie Forum on Education and the Economy, will begin in 1993 to certify teachers who meet a more rigorous set of standards than those now used in any state in the country.[60]

Some state and federal funds are available for training professionals who work with children. As noted in Chapter 9, the new federal Child Care and Development Block Grant includes funds for training and other measures to improve the quality of child care services. In addition, a number of states and cities have launched joint public-private initiatives to enhance quality by providing training to existing child care staff. In Illinois, for example, a private foundation, in partnership with the state child welfare agency, provides scholarships to child welfare staff to pursue advanced degrees in social work and early child development.[61] Many collective bargaining agreements also link additional coursework and training by teachers to salary increases.

High-quality services are rarely cheap. Public administrators increasingly face the trade-off between higher standards and lower costs. But services to children and families have been subsidized for years by providers willing to accept low salaries and often difficult working conditions. Projected labor shortages in coming decades, however, will make this less likely in the future. Without additional investments in the quality of services for children and families, the nation will lack skilled professionals in virtually every field that serves children and families at just the time when their services are needed most.

Recruiting and Retaining Skilled Professionals

A society that values children must also value the adults who work with children. It does this through the salaries it pays, the work environments it creates, and the professional status it confers. Therefore, ***the National Commission on Children recommends that salaries and training opportunities be significantly increased in the early childhood and child welfare fields and that states and school districts with teachers' salaries below the national average bring these salaries up to the average. In every case, pay structures and incentives should be linked to demonstrated competence.***

The shortage of skilled professionals in the areas of early childhood, child welfare, and education poses significant risks to the well-being and future prospects of growing numbers of American children. This situation will be reversed only when the public demands and is willing to pay for highly skilled and committed professionals to work with children and their families. Professional associations already offer voluntary accreditation and certification to those programs and staff that choose to meet their high standards. We urge programs and agencies to work toward accreditation from reputable institutions and associations whose standards reflect a thorough understanding of relevant research on child development and best professional practice.

We also urge employers to offer support and provide opportunities for their employees to seek certification, and to recognize additional training or qualifications through salary increases.

Costs and Benefits

The organizational and administrative changes recommended at the federal level will encourage states and localities to experiment with more cost-effective methods of delivering services to children and families. They will also reduce federal and state administrative costs associated with establishing eligibility for public programs. No data are available to estimate the potential savings from these measures. With the federal legislative and administrative changes we recommend, as well as realistic, focused systems at the state level to track clients, much better information on the resulting costs and savings can be developed.

Nor are cost estimates available to reflect the extent to which uniform eligibility will increase participation in federal programs as families find it less complicated to enroll in a range of federal assistance programs. In the long run, however, we are convinced that reducing administrative complexity will make it possible for more families to receive assistance in a timely fashion and will reduce the number of individuals requiring later, more costly treatment, remediation, or incarceration.

The Claude Pepper Young Americans Act of 1990 authorizes $30 million for grants to states for the development of coordinated, collaborative systems for the delivery of health and social services to children and their families. To receive a grant, a governor must establish or designate an independent body to oversee the design and implementation across state agencies of policies that enhance children's health and development. We urge Congress to appropriate the funds it authorized in 1990 to facilitate states' efforts to bring about more coherent and comprehensive service systems for children and families.

Earlier chapters propose funding to establish family support programs and family preservation services, as well as to expand maternal and child health services. These initiatives should include incentives to increase coordination and collaboration in the delivery of services.

Funding recommendations to increase salaries and training opportunities in the early childhood and child welfare fields are included in Chapters 9 and 10. We recommend salary increases for teachers only in states and districts where pay levels are substantially below national averages. State and local funds will be required to raise these salaries to the national mean.

Conclusion

As a nation, we can no longer afford to rely exclusively or primarily upon autonomous, narrowly defined programs to meet the complex and interrelated needs of troubled families. We cannot tolerate a situation in which families needing assistance slip into crisis because they are unable to secure help in a timely fashion. Nor can we countenance a system that discourages this country's best and brightest citizens from devoting their skills and expertise to the service of children and families.

We have the skill, ability, and resources to build a better system of programs and services for children and families. As the severity of problems facing some families worsens and demands on our public resources mount, we also have the motivation. Now we need the political will and administrative clout to achieve it.

Children have more
need of models than of critics.

—JOSEPH JOUBERT
French Moralist

CHAPTER TWELVE

Creating a Moral Climate for Children

The acquisition of values and a moral framework for decision making is a central aspect of human development. The ability to distinguish between right and wrong, to empathize with the feelings and concerns of others, and to act upon these judgments is a uniquely human characteristic. Every successful society is marked by common values that determine the nature and conduct of relationships between individuals and between the larger community and its members. These values are the glue that holds societies together and motivates people to behave in socially responsible and acceptable ways.

The National Commission on Children's hearings, town meetings, site visits, and discussions with children, teenagers, parents, and other adults revealed much that was troubling about the values that many children learn from the actions of their parents and prominent citizens, from the media and other manifestations of popular culture, and from the subtle messages of the nation's social policies and institutional practices.

Today, too many young people seem adrift, without a steady moral compass to direct their daily behavior or to plot a thoughtful and responsible course for their lives. We see the worst manifestation of this in reports of violent and predatory behavior by adolescents in large and small communities across the nation. It is evident in lifestyles and sexual conduct that indulge personal gratification at the expense of others' safety and well-being. It is revealed as well in a culture that ranks wealth and the acquisition of material possessions above service to one's community or to the nation. It is also demonstrated in the declining voting rates of young citizens.[1]

Much of what we saw and heard also made us worry about the public values implicit in individual words and actions and in Americans' failure to act in concert to change the conditions that harm children and undermine their families' ability to support and nurture them. As a commission on children, we could not avoid questioning the moral character of a nation that allows so many children to grow up poor, to live in unsafe dwellings and violent neighborhoods, to lack access to basic health care and a decent education. In our visits to communities across the country, we saw the consistent presence of institutional immorality — often unintended, but present nonetheless. We were shocked by the callous treatment of children in the child welfare system and the public health system. We visited schools with leaky roofs and playgrounds littered with addicts' needles. We talked to students who feared they would be shot on their way to school. We met a homeless child who spoke of sleeping on the floor of a welfare hotel, and a runaway girl who shared the nightmare of her life on the streets.

Of course, we heard as well of individual and collective acts of tremendous generosity and kindness, but we had to ask why these were the exceptions and benign neglect so often the rule. We wondered about the moral messages conveyed to children through public actions and individual behavior — messages about their worth to adults, about what they should strive for in their lives, and about how they should view and treat others.

Children and adolescents need clear and consistent messages about personal conduct and public responsibility. ***The National Commission on Children therefore urges public and private sector leaders, community institutions, and individual Americans to renew their commitment to the values of human dignity, character, and citizenship and to demonstrate that commitment through individual actions and in the setting of national priorities.*** Specifically, we recommend that:

- parents be more vigilant and aggressive guardians of their children's moral development, monitoring the values to which their children are exposed, discussing conflicting messages with their children, and, if necessary, limiting or precluding their children's exposure to images parents consider offensive;

- the recording industry continue and enhance its efforts to control the distribution of inappropriate materials to children;
- television producers exercise greater restraint in the content of programming for children, and stations show greater restraint in the amount and type of advertising aired during children's programs;
- communities create opportunities for voluntary service by children and adults and recognize the contributions of volunteers; and
- individuals renew their personal commitment to the health and well-being of all the nation's children and demonstrate this commitment by giving highest priority to personal actions and public policies that support children and value families.

The Roots of Children's Moral Confusion

At least some of children's moral confusion stems from the conduct and attitudes of prominent adults and major social institutions. In recent years, the nation has seen religious leaders and public officials involved in scandals that belie their professed commitment to family values and betray the public's trust. Leading financiers and corporate executives have been prosecuted for enriching themselves at the expense of their clients or shareholders. Rampant materialism among adults fosters shallow ambitions in children and encourages them in empty, reckless, and sometimes dangerous pursuits. The media and entertainment industries glamorize drugs, sex, greed, and violence through movies, television, and music, and in the personal lives of some popular entertainers and athletes.

There are also disturbing indications that a growing number of mothers and fathers lack both the ability and the commitment to be responsible parents. Profound social and economic changes in the past two decades have fundamentally altered the roles and relationships of many parents and children, as well as the routines of family life. Some of these changes have had troubling consequences. More children today grow up without the consistent presence of a father in their lives. Working parents, even in two-parent families, find it difficult to spend as much time with their children as they would like and their children need. A higher percentage of unmarried teenagers give birth today than in decades past, and these young mothers often lack the maturity, economic means, and parenting skills to care for themselves and their children.

> **One of the best things we can do to help children is to teach adults to be responsible. We live in a society that tolerates and even smilingly approves of people who eat too much, who smoke too much, who drink too much. [We live] in an economic environment where a hostile takeover is also accepted, and then we want our children to "Just say no."**
>
> **— RAY HOWELL**
> **Minister,**
> **Bennettsville,**
> **South Carolina**

Finally, children's moral confusion reflects the contradictions that exist in the larger society around them. Individual and collective actions often belie our stated allegiance to common values. For example, the links between race and economic disadvantage surfaced so often in our investigations that we question the depth of the nation's commitment to eradicating racism. Violence pervades the lives of so many of the children we met that we question society's commitment to protect and nurture its young people. Longstanding policies and established practices that belittle the poor and shortchange the young seem to deny Americans' commitment to the common good.

In more than a year of hearings, town meetings, site visits, and focus groups, the Commission received a consistent message from adults and children alike that too many Americans have drifted away from the values and beliefs that promote personal happiness, strong, supportive families, and a caring society. This message was highlighted by parents in Indiana, teenagers in Boston and Kansas City, and ministers in South Carolina. It was also the central theme of testimony by the U.S. Secretary of Health and Human Services, who called for restoration of "a vigorous, demanding, dynamic culture of character."[2]

It is possible for Americans to say virtually in unison that it is wrong, very wrong, to be deceitful, dishonest, and untruthful. The foundation stone of human experience, human interaction, and human quality is honesty, and without integrity of one's word, there is no basis of true character.

— TED WARD, Ph.D.
Aldeen Professor of Christian Education and Missions,
Trinity Evangelical Divinity School,
Deerfield, Illinois

The Nation's Values

America is a pluralistic society, strengthened by the variety of cultures that continually recreate our nation. The nation's founders sought to protect this diversity by enshrining freedom of speech and worship in the Bill of Rights. To this day, the coexistence of an array of viewpoints in the nation is cause for pride and powerful testimony to our love of freedom.

But we must also be concerned about how our children develop values and about the values we convey to them individually and as a nation. There is a growing sense that, in its effort to protect diversity, America has neglected its concomitant responsibility to preserve and protect certain fundamental values that govern our conduct toward others and define our rights and obligations as citizens. Commendably, Americans have resisted efforts to impose a uniform culture through the schools, the media, or government action. Yet in so doing, we may also have neglected to stress to children the common values upon which a free and vibrant society depends — respect for human dignity, the cultivation of personal character, and the exercise of responsible citizenship. These are the values that all sectors of society must reiterate to the nation's children in words and actions.

Human Dignity

Human dignity has three components. The first is ***self-respect,*** or respect for one's own body, behavior, and beliefs. Self-respecting individuals refuse to let others exploit them, and they adopt health and behavioral practices that promote their physical and psychological well-being. Self-respect is a prerequisite for treating others with dignity and respect.

The second aspect of human dignity is ***respect for others,*** which includes respect for diversity and a refusal to condone bigotry or accept discrimination based on race, religion, gender, or lifestyle.[a] Respect for others does not imply agreement with them, but it does reflect a fundamental commitment to treating all individuals with dignity. Respect for others also reflects an understanding of the relationship between rights and responsibilities and therefore entails a refusal to enter into relationships that benefit only oneself.[3]

Finally, human dignity involves ***caring*** — having compassion for those in need, regardless of whether their own actions contributed to their need. A caring individual and a caring society practice charity toward the weak and the vulnerable through individual acts and community efforts.

Character

Men and women of character exemplify ageless virtues — hard work and perseverance, a willingness to accept responsibility for their own actions, and personal integrity. They reject deceit and believe honesty must be at the core of human interactions and experiences.[4] Individuals of character recognize that it is wrong to take unfair advantage of others, whether through exploitation of weakness, refusal to accord them a fair share of resources and opportunity, or adoption of rules and practices that reflect selfishness and greed.[5] They also reject violence as a means of resolving disputes or satisfying desires.

Citizenship

The United States was founded on democratic ideals. American history is a continuing struggle to bring these ideals to reality through participation in the processes and institutions of government at every level, through respect for the legitimate use of law and authority, and through the willingness to speak out when power is abused or rights are arbitrarily restricted. True patriotism, based on both an understanding and an appreciation of the history and traditions of the nation, demands nothing less. Freedom is the great privilege of citizenship in a democracy. Intelligent exercise of that freedom and willing acceptance of one's civic duties are the accompanying obligations.

Every recommendation in this report, as well as its underlying rationale, embodies these values.

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[a] At times, individual rights yield to the right to religious freedom. It is the practice of some religious communities, for example, to assign different roles to men and women.

How Children Develop Values

Children's moral development has long been the subject of intensive investigation. Scholars disagree about how much influence various factors have in the acquisition of values, but they generally agree that children's moral development, like their physical, intellectual, and social development, is a gradual process that begins in the early years of life and continues through adolescence. As children grow and mature, their sense of right and wrong becomes more sophisticated, and their responses to situations requiring ethical judgments become more complex.[6]

Throughout the various stages of moral development, children are influenced by the people around them, beginning with parents and extending to other adults and peers. Children are also influenced by the major social institutions in their lives, by their surroundings, and by their culture.

Parents

Children learn to live in society by living in a family.[7] Parents influence children's values through the example they set in their daily lives, by establishing and enforcing rules, and by communicating approval or disapproval of a child's actions. By creating an orderly and reliable environment, parents give children the security to gradually acquire independence.[8] By creating a loving environment, they make children feel valued, a necessary condition to being able to value others. Not surprisingly, almost two-thirds of children interviewed in a recent national survey indicated that they turn to their parents for moral guidance.[9]

A growing body of social science research highlights the link between family relationships and adolescent risk-taking, particularly early initiation of sexual activity. In general, young people are less likely to become sexually active at a young age when children and parents share the same values, when family ties are close, and when parent-child relationships are based on communication and strong parental support.[10] Other studies show that teenage girls are less likely to engage in early sexual intercourse when their mothers' parenting style combines affection with firm, mild discipline and clear limits on behavior.[11] The Commission's surveys of parents and children suggest that children appreciate their parents' steady guidance and consistent enforcement of rules. While about half of the children surveyed were satisfied with the amount of oversight they received from their parents, 8 percent reported wishing "a lot" of the time that their parents were "more strict" or "kept closer watch" over them and their lives. Thirty-nine percent said they sometimes felt that way. Only 2 percent said they never want their parents to be stricter or more attentive.[12]

I think that it starts with the parents. I don't think parents are as strict as they should be...If we had parents that would tell their kids what to do and when to do it and make the kids do it now, it would be a better society because the parents are just letting them get away with murder.

— TEENAGER
Kansas City, Missouri

Other Adults

As children grow, their circle of influential adults widens, and they are exposed to other authority figures and role models. Adults who link children with community institutions, particularly teachers, religious leaders, school counselors, and leaders of youth service organizations, also influence children's moral development, although not nearly to the extent that parents and other relatives do. These adults play a greater role in establishing a moral climate for decision making than as advisors on specific moral or ethical dilemmas. A national survey of the beliefs and moral values of American children indicates that children are generally reluctant to turn to adults such as teachers or clergy for advice on specific questions of morals or values. This is true even for children who indicate that their teachers care about them and for those who state that religion is an important part of their daily lives.[13]

When asked to identify the celebrities or national heroes they admire, children are most likely to name entertainers and athletes.[14] These individuals provide a frame of reference for children as they confront moral and ethical decisions. Accordingly, when the actions of celebrities perpetuate a culture of greed, self-aggrandizement, and irresponsible behavior, they send harmful messages to children and youth.

Peers

Peers have considerable influence, both positive and negative, over children's moral development. In peer relationships, children learn about reciprocity, cooperation, fairness, and sharing. As children get older, they are increasingly likely to turn to their friends, rather than their parents or other adults, for ethical advice or moral guidance.[15] Adolescents' perceptions of their friends' actions and beliefs — accurate or not — have enormous influence over their own behaviors and attitudes.[16] For example, teenagers who believe that a high proportion of their friends of the same gender are sexually active (or would like to be) are much more likely to become sexually active themselves.[17]

Socioeconomic Factors

Major economic and social forces can also influence a young person's values. Research suggests that hard economic times can cause some young people to question and even reject the values they learned as children. For example, the recession of the late 1970s and early 1980s and the decline in low-skill manufacturing jobs corresponded with a growing sense among many young blacks and blue-collar whites that their future prospects were limited at best, that the value of education and employment skills was questionable, and that their ability to make and sustain a viable marriage was in doubt.[18]

Recent decades have also been marked by changing attitudes and less consensus on appropriate sexual conduct, childbearing, and marriage. For some parents and children, it may appear that society has changed the rules in the middle of the game. In other families, parents' moral guidance may strike children as irrelevant to the circumstances they see around them. In still other families, parents may find themselves questioning their own moral beliefs at the same time their children are looking for clear guidance.

Religion

The drafters of the Constitution denied state support to any religion, but they also protected freedom of worship, believing that the exercise of religion would encourage the development of moral character among the nation's citizens.[19] Indeed, religious leaders have inspired or led many of the nation's major social and political movements, including the temperance movement, the civil rights movement, and the "Moral Majority."[20]

Through participation in a religious community — in communal worship, religious education, and social action programs — children learn and assimilate the values of their faith. For many children, religion is a major force in their moral development; for some, it is the chief determinant of moral behavior.[21] Research on the effects of religion on children's day-to-day conduct also suggests that teenagers who are religious are more likely to avoid high-risk behaviors.[22] Surveys of parents and children conducted by the National Commission on Children found that children whose parents described themselves as "very religious" were more likely to report that they could talk to their mothers about personal problems or concerns and that their mothers respected their ideas and opinions. These children were also more likely to report frequent discussions with their parents about religion or values.[23]

Schools

There is no such thing as value-free education.[24] Society's values are implicit in what schools teach, how they teach it, and whether or how they urge students to apply these lessons to their daily lives and future plans.

In addition, American public schools have taught an explicit values curriculum for much of their existence. Through the mid-nineteenth century, this curriculum largely embraced Protestant values, conveyed through Bible readings, prayers, ceremonies, and some reading materials. By the end of the nineteenth century, this was replaced by "character education," a secular form of moral education that emphasized such virtues as honesty, self-discipline, kindness, and tolerance through cooperative endeavors and extracurricular activities. In recent decades, moral education in public schools has often advocated resolving moral dilemmas through the clarification of values and the application of reason, but it has avoided endorsing values or beliefs that may not be universally shared.[25] In similar fashion, public school textbooks typically avoid reference to mainstream religious practices in the United States or what some consider to be traditional values.[26]

As American society has become more diverse, some parents are uneasy about the values their children are taught in school. This has understand-

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ably made textbook publishers, teachers, and school administrators more cautious in the values they espouse.[27] The perverse result, however, is that a major social institution entrusted by most parents with preparing children for adulthood is too often silent on critical moral and ethical issues.

In recent years, a number of school programs have stepped into the void with curricula deliberately designed to teach values considered by leading educators to be fundamental to life in a democratic society.[28] The Baltimore County Public Schools, for example, developed a values education program that uses the Constitution and the Bill of Rights to identify common national values. Lessons about those values are incorporated into students' coursework and the daily operations of the school.[29] Elsewhere, values education programs stress civic involvement and community service.[30]

Popular Culture

Popular culture, as expressed in a society's music, art, and literature and through the news and entertainment media, has always had a tremendous influence on individuals' thought and conduct. This is particularly true for children and adolescents, whose ability to understand the cultural and behavioral messages they receive and to distinguish between "real life" and what they see, hear, or read develops gradually, along with their ability to make judgments about the validity of cultural messages for their lives and personal conduct.[31]

Cultural conflicts between generations are an age-old phenomenon. It seems that adults have always worried about the negative influence of popular culture on children. The music and dance of the 1950s were considered scandalous by some, as was the advent of "long" hair on men in the 1960s. Throughout the twentieth century, parents in communities across the country have at one time or another expressed concern or outrage over books assigned to their children in school or records sold to them. In many cases, what shocked one generation's parents has often seemed routine, even quaint, to that same generation's children.

In recent years, however, some trends in television programming, news reporting, advertising, movies, and music have gone beyond normal cultural changes and are cause for lasting concern by parents and others interested in children's development. From a very young age, children today are increasingly exposed to images and messages that are extremely violent, gratuitously and explicitly sexual, and overtly hostile toward and demeaning of women and minorities.

> **We need to let it be known that the night does not belong to Michelob, it belongs to each of us...When young folks see those kinds of things on the TV, day in and day out, they become part of the human psyche... Take into consideration that what our young people see is very important in their daily lives. There are young people who try to live out what they see.**
>
> **— ALVIN BROOKS**
> **President,**
> **Ad Hoc Group**
> **Against Crime,**
> **Kansas City, Missouri**

Television. Children born today will spend more time watching television than doing anything else except sleeping. An average 6-month-old watches television nearly one and a half hours a day. By age three, children become purposeful viewers and can identify their favorite shows. Viewing time peaks at an average of four hours per day in early adolescence and then levels off at two to three hours per day in the teenage years.[32]

A growing body of television programming for children has proven educational benefits. Viewing programs such as "Mr. Rogers' Neighborhood," "Sesame Street," "ABC Afterschool Specials," and others has many benefits. These programs foster positive social behaviors, counter racial and ethnic stereotypes, and promote intellectual skills that are essential to success in the early school years.[33] At the same time, a number of shows for a general audience, including "Family Ties," "The Cosby Show," and "A Different World," have set new industry standards for the responsible airing of controversial social issues and for the thoughtful treatment of sensitive personal issues.

Much of the programming produced for young children, however, seems to make little or no effort to promote common values. Most programs on weekend days are highly violent, albeit the violence is often of a "humorous" nature. In recent television seasons, children were "entertained" with more than 25 acts of violence per hour. On each of the three major commercial networks, children's weekend, daytime programs are consistently three to six times more violent than the programs broadcast in prime time.[34] The amount and quality of advertising that accompanies these shows are also troubling, since children are less resistant than adults to marketing messages. Children's programming is interrupted more frequently than other programming with advertisements directed to children as consumers. In recent years, shows have even been developed around characters based on toys, in effect creating half-hour and hour-long commercials.[35]

As children get older, their viewing preferences shift from children's fare to more general programming, exposing them to frequent depictions of sex, violence, substance abuse, and crime before they have the intellectual skills and the maturity to handle them. Teenagers are exposed to an estimated 3,000 to 4,000 references to sexual activity on television and in movies each year.[36] The levels of violence portrayed on television, particularly in the early evening hours, when school-age children are most likely to be watching, increased dramatically in the mid-1980s.[37] At the same time, news coverage of violent episodes at home and abroad has increased, leading some child development professionals to worry about its impact on children.[38]

Some researchers maintain that television violence has little effect on viewers.[39] Others conclude that it causes some children to have heightened concerns over their personal safety[40] and leads to subsequent aggressive

behavior, particularly among children and others who regularly view television violence over long periods of time.[41] In 1989, the American Academy of Pediatrics concluded there was sufficient evidence to suggest that protracted television viewing is one cause of violent or aggressive behavior. It further expressed concern over television's implicit and explicit messages to young viewers promoting the use of alcohol and promiscuous or unprotected sexual activity.[42]

Beginning in the 1970s, explicit and implicit sexual messages on television increased dramatically,[43] rarely accompanied by mention of abstinence, contraception, or consideration of the negative consequences of unintended pregnancies and sexually transmitted diseases.[44] Television advertising has similarly adopted sex as a major theme, using sexual innuendos and overtones to promote everything from automobiles to fast-food restaurants.[45]

Television is a fact of life in America today, and few parents would ban it from their homes. Still, even the most careful parents feel helpless at times before the steady onslaught of advertising, violence, and sex that pours forth from the family television.[46] For many parents, television has become a double-edged sword. It often achieves its potential as an educator, entertainer, and even occasional babysitter. Yet it frequently presents children with values and messages antithetical to parents' most deeply held beliefs. Moreover, unless it is controlled, television viewing may take time away from other activities that have more social, educational, or physical benefits.

Music and Music Videos. Musicologists and psychologists have contended for years that music has emotional impact.[47] It can soothe or excite listeners, evoke sadness or euphoria. Yet public concern has grown over the potential impact on children and teenagers of some contemporary music and music videos. In particular, heavy metal music has focused increasingly on extreme violence that is generally sexual in nature and directed against women.[48] A University of Georgia study concluded that music videos produced by heavy metal groups are "violent, male-oriented, and laden with sexual content," with violence occurring in almost 57 percent of the videos that were examined. More than 80 percent of these videos also linked sex with violence.[49] Recently, some observers have expressed similar concern about the content of some rap music, finding it violent, misogynous, and anti-Semitic.[50]

In recent years, individual parents and organized parent associations have expressed mounting concern over the effects of offensive lyrics and images on teenagers and younger children.[51] Most music popular with children and adolescents, however, appears mainstream in its value orientation,[52] and existing research does not demonstrate massive negative effects from popular music.[53] Correlational studies indicate that while music may reinforce listeners' dangerous or antisocial behavior, it does not appear to cause it.[54] In other words, adolescents who are already alienated, have delinquent tendencies, or are similarly at risk may also be more likely to prefer heavy metal and other music that emphasizes aggressive and even violent behavior, but the music itself does not appear to create these feelings.

The recording industry has responded to increasing complaints by pointing out that violent, explicit, and otherwise offensive lyrics and videos are a very small part of the total number of recordings released by the industry. The majority of rock lyrics, they maintain, are either generally unobjectionable or promote positive social attitudes and practices. Moreover, they maintain that music reflects, rather than creates, society's values.[55] Recently, in response to pressure from organized groups of parents, the Recording Industry Association of America has adopted a voluntary labeling system to alert parents and teenagers to products with offensive or explicit lyrics.

Encouraging a Better Moral Climate for Children

Children may not always do as we say, but they will almost always do as we do. Creating a moral climate that teaches children the values of human dignity, character, and citizenship is both a parental and a community responsibility. For most families, the day is long past when parents and small communities could shield children from premature exposure to questionable influences. Today, the diversity of most American communities and the explosion in mass communication technology make that impossible. Instead, it is up to parents, leaders in the public and private sectors, and communities to work together to ensure that children receive strong and consistent messages about the moral principles they value.

Public Values

In stressing fundamental values to children, the Commission believes that two problems warrant particular attention. The first is the persistence of racism, which has plagued the nation since its founding. By the year 2000, one-third of American children will be from a minority group,[56] and for that reason alone, they can expect at some point in their lives to encounter hostility, ridicule, and low expectations. While the nation has made significant progress in eliminating the legal barriers to full participation in American society, attitudes and practices persist that divide the nation and deny some of its citizens equal standing. Further progress will depend in part on changes in personal attitudes and behavior and in part on vigilant government action to protect the rights of all citizens.

Our second concern is the epidemic of violence that claims children and adolescents at a rate unprecedented in the nation's history. Violence, as noted in earlier chapters of this report, kills, maims, and terrorizes too many of our nation's children. Some are perpetrators, more are victims. We hope our recommendations will give young people reason to reject rash acts and take steps to protect their own futures. We also applaud efforts by schools and community groups to teach children and adolescents more peaceful means of resolving conflicts. And we call for

public policies to keep weapons out of the hands of children and those who would use them to threaten and harm others.

The Role of Parents

Parents have primary responsibility for their children's moral development. In this area, as in others, parents are their children's first and most important teachers. Through their nurturing, guidance, example, and monitoring, parents convey to children — in words and actions — the values they hold dear.

We reiterate here the principle stated in Chapter 4:

> The family has primary responsibility for teaching values and creating the ethical context that is fundamental to our society and our democracy. Children learn to love others by being loved. They learn to respect and value the rights of others by being respected and valued themselves. They learn to trust when they have unwavering support

> from parents and the other adults closest to them. The capacity for understanding and valuing the feelings of others is present in every child, and it flowers when children are encouraged to empathize with others . . . . From the time they are very young, children learn responsibility and commitment, freedom and dissent in small, manageable steps. Experiences within the family provide them with the moral and ethical framework for their lives as adults.

In light of this enormous responsibility, we also reiterate the recommendation in Chapter 9 urging individuals and society to reaffirm their commitment to strong, stable families as the best environment for raising children, as well as the recommendation urging couples to delay pregnancy until they are emotionally capable of assuming the obligations of parenthood.

As American society becomes more complex, so does the responsibility of parents to monitor, interpret, and buffer the various value-laden messages children receive from the broader community and its major institutions. ***The National Commission on Children recommends that parents be more vigilant and aggressive guardians of their children's moral development, monitoring the values to which their children are exposed, discussing conflicting messages with their children, and, if necessary, limiting or precluding their children's exposure to images parents consider offensive.*** We further recommend that parents join together as consumers to urge restraint upon the commercial interests that they believe directly or indirectly send harmful or inappropriate messages to children.

There are many ways parents can exercise such vigilance. They can vote and otherwise set an example of the responsible exercise of citizenship and caring. They can speak out as advocates for their own children and others who have no direct voice in the political process. As recommended in Chapter 7, parents should be actively involved in their children's schools. At home, they can establish and enforce rules about the amount of time and the content of children's television viewing, and they can watch TV with their children, using it as a way to increase family communication through discussions of issues raised on programs. We also urge parents to listen to the music their children listen to and watch the videos, discuss objectionable contents, and, if they believe it necessary, forbid their children to own certain recordings and videos. The Recording Industry Association of America places warning labels on albums, tapes, and discs with explicit lyrics; it is now up to parents to heed those warnings.

Advertisers spend more than $33 billion a year reaching consumers, including children, through television and radio.[57] Children themselves are powerful consumers.[58] In each case, market forces can effect tremendous change. Therefore, in the best traditions of capitalism and democracy, we urge concerned parents to join together in letter-writing campaigns, boycotts, and other forms of legal protest to pressure producers and manufacturers who directly or indirectly promote messages parents consider offensive and damaging to children.

News and Entertainment Media

The news and the entertainment media have tremendous potential to educate children and expose them to other cultures and new ideas. We applaud increasing efforts to develop quality programming for children and teenagers. We further applaud growing recognition within the recording industry of its responsibility to help parents shield children from explicit lyrics. ***The National Commission on Children recommends that the recording industry continue and enhance its efforts to avoid the distribution of inappropriate materials to children.***

Within the television and movie industries, there are many exemplary productions for children, as well as efforts to urge more sensitive programming for children and families. In particular, Children's Action Network has urged producers and writers to base their presentations of complex and difficult issues on current knowledge and the best available information, in this way helping to educate the public and dispel harmful and inaccurate stereotypes. For example, a 1991 episode of "Knot's Landing" portrayed the life of a foster child with great sensitivity and accuracy following meetings that included the show's creative staff, foster children, and child welfare staff.

> **So many of the children I teach are headed toward things, not goals. They watch TV [and] see things that are pushed on them...Maybe we don't have as much time to spend with our children as we should, but I think we need to strive to give our children a sense that there are goals in life more important than things.**
>
> **— CAROLYN BARNES**
> **Teacher,**
> **Bennettsville,**
> **South Carolina**

The Commission remains troubled, however, by the violence and commercialism that pervades television programming for children, especially for young children. To address this issue, Congress enacted the Children's Television Act of 1990 to:[59]

- limit the number of minutes devoted to commercials during children's programming;
- mandate that a television station's educational and informational service to young people be considered as a factor in license renewal; direct the Federal Communications Commission to review policies governing commercialization of children's television; and
- create a National Endowment for Children's Educational Television to support the development of new educational programs and series for children age 16 and younger.

The National Commission on Children recommends that television producers exercise greater restraint in the content of programming for children. We further urge television stations to exercise restraint in the amount and type of advertising aired during children's programs. Toward this end, we encourage Congress and the Federal Communications Commission to take all necessary action to implement fully the provisions of the Children's Television Act of 1990.

The Role of Communities

Human dignity, character, and citizenship come to life for children when they are put into action. ***The National Commission on Children urges***

communities to create opportunities for voluntary service by children and adults and to recognize the contributions of volunteers that better the community and assist its members. As discussed in Chapter 8, we particularly stress the importance of adult volunteers who can act as mentors, tutors, and role models for children and young people. All children need a special person who cares, who is willing to listen, and who will invest time and energy in them.

We reiterate our recommendation, also in Chapter 8, that communities, schools, and government at all levels continue to create and expand community service opportunities for young people to help them understand and appreciate the values of human dignity, character, and citizenship; to teach them about the broader community in which they live; and to help them develop empathy for others and a sense of their own capacity to improve the lives of those around them. As discussed in Chapters 3 and 8, when children and youth participate in community service activities, they themselves are among the most important beneficiaries in terms of personal growth and greater understanding of the needs of others. Schools, religious institutions, and community organizations are the natural homes for such voluntary activities by children and adults, and they should be encouraged and applauded in their efforts to fulfill this important role.

The Role of Society

A nation's values are measured more by its actions than its words. We are deeply saddened by the absence of widespread moral outrage at the conditions and prospects of so many American children, and we wonder where the personal will and the political leadership are to turn this situation around. Americans' notion of community — of those with whom they feel a bond — appears to grow smaller as the nation grows more diverse. Increasingly, it even appears to leave out children with whom one has no direct tie. In other chapters, we have argued that America's economic well-being and its future as a thriving democracy depend on ensuring that every American child has an opportunity to achieve his or her full potential. We believe our future as a moral society depends on this as well.

Therefore, the ***National Commission on Children urges all Americans to renew their personal commitment to the common good and demonstrate this commitment by giving highest priority to personal actions and public policies that promote the health and well-being of the nation's children.*** We recognize that reasonable men and women will differ in their

view of what causes many of the ills suffered by children and families today and in their proposed solutions. Yet we also believe that creative solutions emerge from vigorous and thoughtful debate. That has been our experience as a commission, and it is our fervent hope for the nation.

Costs and Benefits

Congress authorized $4 million for establishment of the National Endowment for Children's Educational Television, part of the Children's Television Act of 1990. We urge immediate appropriation of these funds. The other provisions of the act appear to have only minor administrative costs.

Most of the other recommendations in this chapter do not require money. They require an investment of time, attention, and thoughtfulness by parents and other caring adults, by those in the news and entertainment fields, by educators and government officials. We are convinced

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that helping young people acquire and maintain strong personal values is an investment that will yield benefits for individuals and for society as a whole for years to come.

Conclusion

Americans have long celebrated and jealously guarded the nation's pluralism, viewing with appropriate skepticism those who would impose their own values or doctrines on others. Yet at the root of everything Americans hold dear about their country are fundamental values and rights that have sustained this nation in times of crisis and called forth our best when others are in need. As a society and as individual citizens, we would be well served to cultivate in our children these enduring values of human dignity, character, and citizenship.

In a free society, there will always be tension between freedom of expression and upholding common social values. Censorship is the antithesis of what we embrace. Forging common values will never depend solely on laws, but also on persuasion and example.[60] Success will require thoughtful action and self-restraint by individuals and major institutions with the ability or potential to influence children's moral development. This makes the task of parents, public leaders, educators, media executives, entertainers, and advertisers more difficult, but no less important.

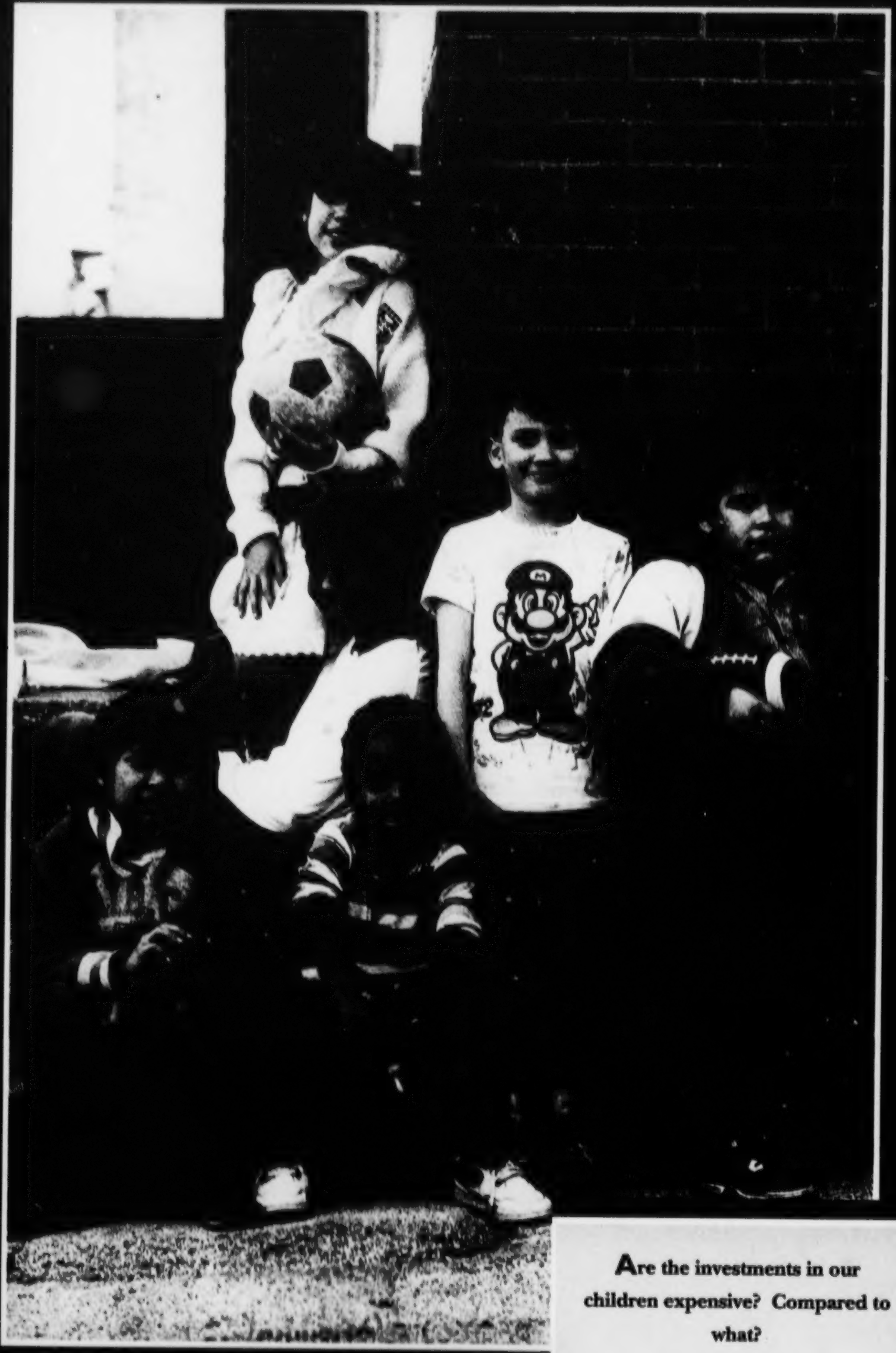
> **We must return to our fundamental cultural values and traditional beliefs. We must recapture the spirit of family, the spirit that nurtures, protects, and strengthens our children. We must reestablish a sense of community, a sense of belonging and purpose, that prepares the way for individual achievement and independence.**
>
> **— LOUIS SULLIVAN, M.D.**
> **U.S. Secretary of Health and Human Services, Washington, D.C.**

PART THREE

Building the Necessary Commitment

Knowing is not enough;
we must apply. Willing is not enough; we must do.

— GOETHE
German Poet and Philosopher



Are the investments in our children expensive? Compared to what?

— WILLIAM S. WOODSIDE
Corporate CEO

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CHAPTER THIRTEEN

Investing in America's Future

Without a vision of a better society, Americans will never be moved to act. Improving the health and well-being of the nation's children and the ability of their parents to nurture and care for them will require changes in individual attitudes and behavior as well as changes in public and private policies and programs. These changes must stem from a vision of what is ideal, not just from a sense of what is feasible.

Our vision[1] of America's future was born in the Chicago housing projects and the barrios of San Antonio. It was nurtured on an Indiana school bus and in a South Carolina prison. It took on new meaning and passion in a homeless shelter in Los Angeles and a drug treatment program in Kansas. This shared vision sustained members of the National Commission on Children through two years of sometimes painful and always moving investigation into the lives of America's children and families and through many months of honest and thoughtful negotiation. Our vision has led us to a bold yet realistic plan to direct the nation's considerable energy, attention, and generosity toward its children and their families.

We see a nation in which strong, stable families are able to form and stay together and where being a parent is regarded as a valued calling.

We see a nation in which every child has an equal opportunity to reach his or her full potential, a society where every child, regardless of social, economic, and cultural background, can imagine a bright future, bounded only by his or her own talents and aspirations.

We see a nation in which no child is poor and no parent must choose between earning a living and a child's well-being, a nation whose policies uphold, rather than undermine, the values of work, family, and independence.

We see a nation in which every child has an opportunity to be born healthy, to grow up in a safe environment, and to receive the health care he or she needs.

We see a nation in which every child starts school ready to learn and every school responds to the individual learning needs of its students.

We see a nation that offers support and assistance to families before problems become crises and provides help in a way that neither belittles nor stigmatizes parents and children.

We see a nation that reaches out with special concern to children living apart from their families and to families at risk of breaking apart.

We see a nation that respects and rewards those who devote their professional lives to educating and caring for children and appreciates those who give their own time and energy to make life better for children in their community.

We see a nation that values human dignity, character, and citizenship and conveys these common values to its children through individual conduct and public actions.

We see a nation that puts its children first, that makes the development of competent, caring, and responsible young people its highest priority. It is a nation in which the devotion each parent feels toward his or her own child is expanded to include all of America's children.[2]

Realizing the Vision: What's Required

Can America realize this vision in just one decade? The National Commission on Children believes it can. But it will require more than lip service and longing for the world as it was a generation ago. It will require a strong and sustained commitment by all Americans. The problems that plague many of the nation's children and threaten many more have evolved over time, and they will not disappear overnight. Unlike other challenges the nation has successfully met, these will not yield to military might or

technological genius, nor to sudden bursts of generosity. They will require leadership and sustained commitment, significant investments of individual time and attention, and the allocation of financial resources.

Leadership and Sustained Commitment

Realizing our vision for the nation's children and their families will demand the full attention of political leaders in both parties and at all levels of government, as well as the visible and consistent involvement of civic, religious, and private sector leaders. In particular, it will require the moral courage to endorse policies that ask Americans to sacrifice now for benefits tomorrow. As a nation, we will need to be reminded often that following our best instincts is also in our best interests. These are the tasks of leadership.

But leaders need followers committed to a sustained effort to ensure that all the nation's children reach their full potential. This challenge will test our stamina and compassion. "The summer soldier and the sunshine patriot," wrote Thomas Paine, "will, in this crisis, shrink from the service of his country; but he that stands it now deserves the love and thanks of men and women."[1]

Individual Time and Attention

Realizing our vision will also require fundamental changes in individual attitudes and behavior. Too many children today lack the consistent presence and loving guidance of both their parents and of other caring adults in their lives. A national commitment to strong families and caring communities must begin in our own homes and neighborhoods.

Voluntarism and generosity are hallmarks of American life. In this tradition, we also call on all Americans to reach out to an unfamiliar child as instinctively as they reach out to the ones they hold dear. This is a responsibility that cannot be laid at government's doorstep. Government programs never loved a child or helped with homework or counseled a troubled teenager. These are the tasks of caring adults.

Financial Resources

The cost today of investing in children and families is insignificant compared to what it will be tomorrow if uncertainty and inaction continue to guide our policies. Some of the funds necessary to realize our vision must come from absent parents who have neglected their children's support. Some must come from generous volunteers and philanthropists, others from employers, states, and localities. We view this expenditure as an investment in the human capital of the nation, a necessary outlay to preserve personal freedom, economic prosperity, and social harmony for this generation and every future generation of Americans. It is America's down payment on the twenty-first century.

Making the Necessary Financial Investment

While the federal government must play a significant role in launching and sustaining a national effort to promote the health and well-being of the nation's children, it cannot and should not bear the full costs. Every sector of society benefits from caring, competent, and literate citizens, and every individual has a direct personal stake in seeing that all children are able to achieve their full potential. Some of the costs of our recommendations must be borne by states and localities and by employers. Philanthropy and voluntarism must also continue to play a critical role.

Federal Costs

A substantial portion of new funding, however, must come from the federal government — an estimated $52 billion to $56 billion in the first year. (See Table 13-1. Appendix B projects these costs over five years.)[4] The largest federal expenditure we call for is a refundable child tax credit that puts money directly into the hands of parents raising children. This measure alone accounts for approximately $40 billion in fiscal year 1993. (Congress's recent expansion of the earned income tax credit, which we strongly endorse, does the same for low-income working families with children.) Some prefer to portray the proposed child tax credit as a tax cut, since it reduces the

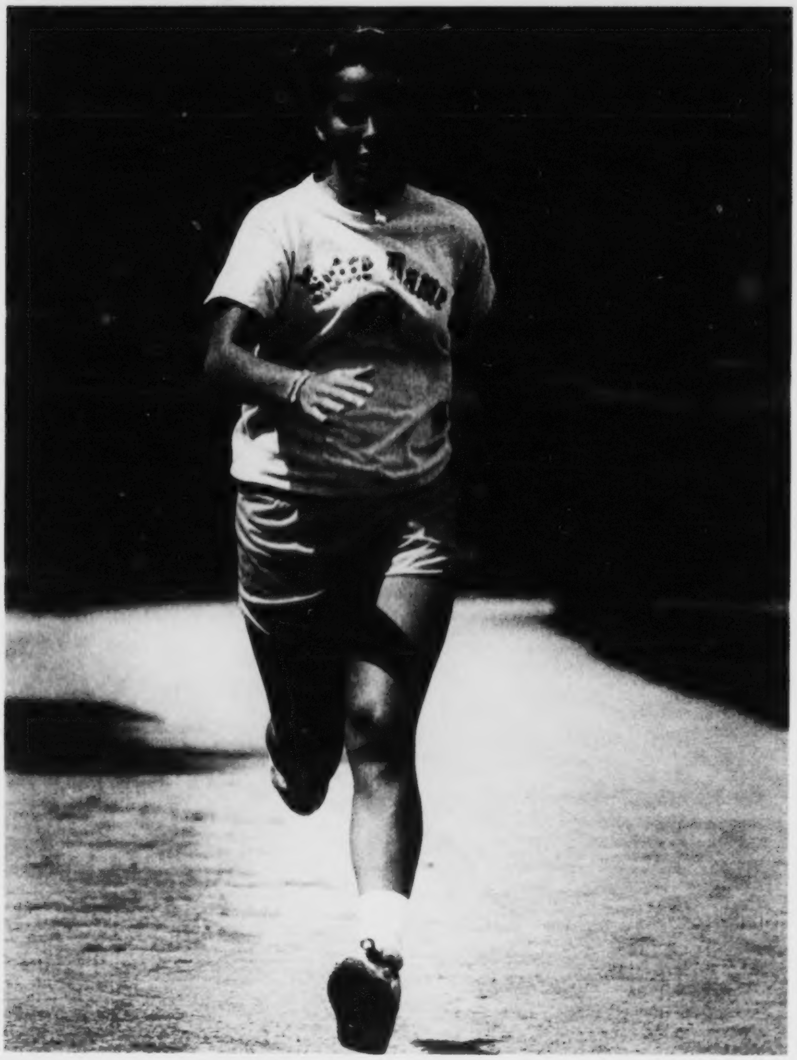
TABLE 13-1

Estimate of New Federal Costs, Fiscal Year 1993

PROPOSED	($ Billions)
INCOME SECURITY	
$1,000 refundable child tax credit	$40.300
Earned Income Tax Credit (EITC)	0.000
Child support insurance demonstration	0.104(a)
Transitional supports and services	0.000
Public employment opportunities	0.000
Aid to Families with Dependent Children (AFDC)	0.000
Subtotal	40.404
HEALTH	
Public-private health insurance plan	7.696
National Health Service Corps	0.083
Community and Migrant Health Centers	0.213
Maternal and Child Health Block Grant (MCH)	0.100
Special Supplemental Food Program for Women, Infants, and Children (WIC)	1.040
Subtotal	9.132(b)
EDUCATION	
Head Start	0.832 - 4.024
School restructuring	0.478
School choice	0.239
Support for high-risk students	0.154
Subtotal	1.703 - 4.895
TRANSITION TO ADULTHOOD	
Community-based adolescent development demonstrations	0.016
Adolescent Family Life Program	0.034
Job Corps	0.166
Community service	0.000
Subtotal	0.216
FAMILY SUPPORT	
Workplace policies	0.000
Child care	0.245
Family support centers	0.000 - 0.640
Subtotal	0.245 - 0.885
CHILD WELFARE REFORM	
Title IV-B (family preservation)	0.000 - 0.430
Subtotal	0.000 - 0.430
COORDINATION AND COLLABORATION	
Coordinated health and social services delivery demonstrations	0.031
Subtotal	0.031
CHILDREN'S MORAL DEVELOPMENT	
National Endowment for Children's Educational Television	0.004
Subtotal	0.004
TOTAL	51.735 - 55.997

(a) Rough estimate of costs, assuming FY 1993 is the second year in a five-year demonstration.

(b) A minority of commissioners do not endorse the recommendations contained within the majority health chapter and therefore do not endorse the $9.1 billion of expenditures: Allan Carlson, Theresa Esposito, Adele Hall, Wade Horn, Kay James, A. Louise Oliver, Gerald (Jerry) Regier, Nancy Risque Rohrbach, Josephine Velazquez.



> **I wish that I was an economist to be able to translate for you what one IQ point means in gross national product.**
>
> **— FELTON EARLS, M.D. Professor of Psychiatry, Harvard School of Public Health, Cambridge, Massachusetts**

amount a family pays in taxes, and they argue that its potential for stimulating investment and growth should be factored into any calculation of the costs of our proposals. Given the current budget deficit, however, we think it more prudent to account fully for costs (in both revenue loss and direct expenditures) and to estimate savings conservatively.

The combined effect of the Commission's six-part income security package will be greater financial security for all families with children and significantly reduced reliance on Aid to Families with Dependent Children (AFDC) for some. If demonstrations to design and test the insured child support benefit prove successful, we estimate that this package, when fully implemented, will reduce the nation's AFDC costs by $5 billion to $7 billion annually. In particular, we project that the cost of the insured child support benefit will be more than offset by a corresponding reduction in AFDC payments, resulting in an annual net savings of approximately $100 million. Assuming a five-year period to test and implement the provisions of the plan, welfare reductions will not be realized until the latter part of the decade.

Our health care proposals, which cost approximately $9.1 billion, account for the second-greatest portion of new federal spending.[a] Approximately $7.7 billion of that amount is for the public-private plan to provide universal health insurance coverage for children and pregnant women.

We also urge the nation to allocate approximately $2.2 billion to $6.5 billion to create or expand education and social service programs. Like our health care proposals, those are preventive in nature and represent sound investments in healthy family functioning and the well-being of America's children.

Paying the Federal Share

The National Commission on Children approached the task of financing the federal share of the costs of our recommendations with three fundamental principles in mind:

Deficit neutrality. Large federal deficits leave average- and low-income families vulnerable to economic downturns by limiting the federal government's ability to cushion or counter the effects of a recession.[5] Moreover, large deficits limit economic growth and opportunity and restrict the nation's ability to meet new domestic and international needs. Their persistence, in effect, ensures that a future generation of Americans must pay this generation's bills. For these reasons, the Commission believes that efforts to improve the health and well-being of children and families must not add to the federal deficit. We have proposed new policies and programs as well as expansions of several existing ones, and we recognize the need to generate the necessary funds to cover the costs of our recommendations.

Progressivity. While meeting the needs of the nation's children and families is a responsibility we all share, we seek greater contributions from

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[a] A minority of commissioners do not endorse the recommendations contained within the majority health chapter and therefore do not endorse the $9.1 billion of expenditures: Allan Carlson, Theresa Esposito, Adele Hall, Wade Horn, Kay James, A. Louise Oliver, Gerald (Jerry) Regier, Nancy Risque Rohrbach, Josephine Velazquez.

those with the greatest ability to pay. In doing so, we are sensitive to the implications of present demographic and economic trends. Children are a declining proportion of the U.S. population, while older Americans and those approaching retirement are a rapidly growing proportion. In the future, a smaller work force will be called upon to support a larger number of retirees through payroll taxes for Social Security and Medicare than is presently the case. Many of these same workers will also be supporting families of their own. Accordingly, we are reluctant to add further to the taxes paid by young workers raising families, since these families have been especially hard hit by economic

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We need to encourage and challenge our leaders within the black community, and within the Hispanic community, and within the white community, all to work, and indeed, to extend ourselves in our success to young people, and particularly when we have families that have been troubled, and when there may be an absent father, or a troubled mother, or a family in poverty.

— LOUIS SULLIVAN, M.D.
Secretary, U.S. Department of Health and Human Services, Washington, D.C.

changes and the tax burden in recent decades. In general, we prefer revenue sources that are progressive or that are generated on the purchase of luxury items, rather than taxes that reduce the take-home pay of low- and middle-income workers. Our income security plan is designed to recognize the personal costs and the social benefits of raising children, in part through the establishment of a refundable child tax credit. In keeping with the spirit of this recommendation, we do not favor financing options that would, in effect, tax away the value of the new credit.

Growth. Several of our proposals call for incremental funding increases over 5 to 10 years. We therefore looked for sources of revenue with the potential to grow over time. While we are confident that implementation of our recommendations will ultimately yield considerable savings, we also recognize that some of these savings will only be fully realized in later years. To achieve these long-term gains, we must be willing to make short-term investments.

To cover the federal share of costs implied by the Commission's recommendations, we offer several alternative financing packages (see Table 13-2). Although each of these packages reflects our general principles concerning financing, they present different concepts of how to generate the required funding. In varying combinations, they rely on increasing taxes on individuals and corporations and on reallocating and establishing caps on federal spending. No commissioner endorses all of the options that are presented, but each of us regards at least one of the packages as a viable approach. Each package raises sufficient funds to cover the costs of the Commission's proposals. Appendix B presents a menu of additional financing options that could be included in these packages.

Taxation

No one likes the idea of raising taxes. Yet many commissioners argue that any new spending or tax reduction for families with children will have to be "paid for" at least in part through tax increases on individuals or corporations or both. Other commissioners oppose any tax increases that would add to the high tax burden already borne by families with children. Among the possibilities we have considered are the following:

Personal Income Tax Rates. Increasing the top marginal tax rate from 31 percent to 50 percent for joint returns with taxable income over $300,000 (with relevant proportional changes for single, head of household, and married filing separately status) would generate roughly $20.6 billion in new revenues in FY 1993. From 1992 through 1996, projected

TABLE 13-2

Options for Financing

PACKAGE A	
Item	1993 Revenues ($ billion)
1. Replace the personal exemption for adults with a 15% nonrefundable credit	23.4
2. Increase the top corporate income tax rate from 34% to 36%	3.5
3. Tax capital gains at death	5.2
4. Decrease estate tax exemption from $600,000 to $300,000	2.4
5. Increase excise tax on distilled spirits, beer, and wine to $16 per proof gallon	4.6
6. Increase cigarette tax to $0.32 per pack	0.8
7. Reduce deduction for business meals and entertainment from 80% to 50%	3.6
8. Improve compliance with tax laws	3.0
9. Reallocate spending from defense	9.5
TOTAL	56.0

PACKAGE B	
Item	1993 Revenues ($ billion)
1. Increase the top marginal rate to 50% for high income taxpayers ($180,000, single; $300,000, joint; $262,500, head of household)	20.6
2. Tax Social Security benefits at 85% with current thresholds for earnings	4.9
3. Increase the top corporate tax rate from 34% to 36%	3.5
4. Reduce deduction for business meals and entertainment from 80% to 50%	3.6
5. Increase excise tax on distilled spirits, beer, and wine to $16 per proof gallon	4.6
6. Increase cigarette tax to $0.32 per pack	0.8
7. Increase the motor fuel tax by $0.07	7.0
8. Reallocate spending from defense	11.0
TOTAL	56.0

PACKAGE C	
Item	1993 Revenues ($ billion)
1. Impose a 5% value-added tax on a narrow base of goods (excluding food, housing, and medical care)	48.0
2. Reallocate spending from defense	8.0
TOTAL	56.0

PACKAGE D	
Item	1993 Revenues ($ billion)
1. Impose a 3% value-added tax on a narrow base of goods (excluding food, housing, and medical care)	29.0
2. Impose a tax of $5 per barrel on all imported oil including refined products	19.4
3. Reallocate spending from defense	7.6
TOTAL	56.0

PACKAGE E	
Item	1993 Revenues ($ billion)
1. Impose a 4% cap on the growth of domestic spending	56.0
TOTAL	56.0

SOURCE: Data from the U.S. Congress, Joint Committee on Taxation; S. Moore, *Slashing the Deficit: A Blueprint for a Balanced Budget by 1993* (Washington, DC: The Heritage Foundation 1990); R. Greenstein, Center for Budget and Policy Priorities, unpublished memorandum, April 1991.

PACKAGE F

Item	1993 Revenues ($ billion)
1. Tax insurance value of Medicare, Part A	7.5
2. Reduce Aid to Families with Dependent Children through time-limited benefits	5.0
3. Eliminate Dependent Care Tax Credit	3.3
4. Cash out food stamps	2.0
5. Eliminate Social Services Block Grant	2.8
6. Eliminate Job Training Partnership Act program	3.3
7. Eliminate farm subsidies	13.4
8. Reduce spending for defense	7.0
9. Voluntary Children's Trust	3.0
10. Additional adjustments for health recommendations	8.7
TOTAL	56.0

PACKAGE G

Item	1993 Revenues ($ billion)
To fund a portion of the $1,000 tax credit:	
1. Eliminate Dependent Care Tax Credit	3.3
2. Cash out food stamps	2.0
3. Reduce federal share of Aid to Families with Dependent Children	1.5
To fund other policies and programs:	
4. Tax Social Security benefits at 85% with current threshold levels	4.9
5. Tax insurance value of Medicare, Part A , no thresholds	7.5
6. Alter Civil Service Retirement Program	3.0
7. Privatize Tennessee Valley Authority	2.0
8. Reduce spending for defense	11.0
9. Reduce Urban Mass Transit Administration	2.0
10. Reduce Federal Highway Administration	4.0
11. Repeal the Davis-Bacon Act	1.2
12. Reduce farm subsidies for farm owners with non-farm income over $125,000	0.9
13. Eliminate Manned Space Station	2.0
14. Cut back Job Training Partnership Act program	2.0
15. Voluntary Children's Trust	2.5
16. Other cuts and adjustments for health recommendations	6.2
TOTAL	56.0

new revenues would total $91.9 billion. Because it would place the greatest tax burden on persons with the highest incomes, this option would make the present system more progressive without raising rates to the levels they were prior to tax reform.

Corporate Tax Rate. Increasing the top corporate income tax rate from 34 percent to 36 percent would raise approximately $3.5 billion in new revenue in FY 1993. Between 1992 and 1996, projected new revenues would total $16.1 billion. This tax increase would also raise the proportional share of tax receipts from corporations, which has declined steadily over the past three decades. The burden of increasing the top corporate rate would be borne primarily by very large corporations that already contribute the majority of corporate tax revenues. Few small businesses would be significantly affected. However, because large corporations have greater flexibility in structuring their finances to minimize their tax liability, there is a limit to the amount of additional revenues that could be generated through this mechanism.

Estate Taxes. Decreasing the exemption for estate taxes from $600,000 to $300,000 would bring in roughly $2.4 billion in new revenue in FY 1993, and it would affect approximately 15 percent of all estates. Between 1992 and 1996, additional revenues would total approximately $11.7 billion. The Economic Recovery Tax Act of 1981 increased the exemption from $47,000 to $600,000 to offset the effects of inflation on property values. However, because inflation during the 1980s has been lower than anticipated, many economists believe the increase overcompensated for the declining value of the exemption over the past several decades.

Excise Taxes. Excise taxes on products whose consumption is thought to impose costs on the rest of society have eroded substantially since the early 1950s.[6] Taxes on alcohol, cigarettes, and gasoline were once a far greater burden than they are today. Increasing excise taxes on these products would realize an additional $12 billion to $13 billion in revenue in FY 1993. Between 1992 and 1996, projected revenues are expected to total approximately $55.3 billion. These taxes also have the beneficial effect of decreasing consumption, although they also tend to have low growth potential. While reduced consumption would diminish the revenues generated by these options, one way to enhance growth is to adjust for inflation. This can be done by increasing the tax per unit of consumption or indexing these taxes as a percentage of unit price. Such an ad valorem tax has more growth potential because as prices go up, the fixed percentage increases the excise tax accordingly. Some critics argue that excise taxes are regressive and that

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increases would therefore impose an excessive burden on low-income consumers. Others, however, believe that these claims are exaggerated.[7] The Omnibus Budget Reconciliation Act (OBRA) of 1990 increased excise taxes, and the options we present build on those provisions:

- *Alcohol.* Increasing taxes from $13.50 per proof gallon on distilled spirits (OBRA 1990) to $16.00 per proof gallon on distilled spirits, beer, and wine would bring in $4 billion to $5 billion in new revenues. Such an increase would equalize tax rates on different types of alcohol, making the share of the social costs for consuming wine, beer, and hard liquor equal.
- *Cigarettes.* Increasing taxes from the scheduled rate of $.24 per pack in 1993 (OBRA 1990) to $.32 per pack would raise roughly $800 million.
- *Motor Fuels.* Increasing the motor fuel tax by an additional $.07 would generate approximately $7 billion in new revenues. OBRA 1990

increased taxes on motor fuels by $.05, raising taxes on gasoline from $.091 to $.14 per gallon and increasing taxes on diesel fuel from $.151 to $.20 per gallon. This legislation set a precedent by devoting half of the $.05 increase to the U.S. Treasury, thus raising a projected $2.4 billion. For this reason, all of the revenues produced by a $.07 increase can go into the Treasury.

Luxury Taxes. Building on the luxury tax changes legislated in OBRA 1990, we anticipate that implementing an additional 5 percent (added to OBRA's 10 percent) excise tax on specific luxury items will generate approximately $100 million in FY 1993 and a total of $800 million by FY 1996. This increase would apply to automobiles above $30,000; boats and yachts above $100,000; aircraft above $250,000; and furs and jewelry above $10,000. Although such a change is progressive, some economists contend it is an uncertain revenue source since higher taxes on these items would very likely discourage consumption.

Value-Added Tax. When a value-added tax (VAT) is imposed on a broad base of goods, it is a moderately efficient means of raising new revenues. To reduce the burden that such a tax would place on families raising children, however, we urge consideration of a VAT on goods other than food, housing, and medical care.

A VAT is a tax levied at each stage of production on a firm's net added value. Therefore, the burden is ultimately shifted onto consumers in the form of higher prices. Because lower-income households spend a greater proportion of their incomes on consumption than higher-income households, the VAT is more regressive than income taxes. This regressivity, however, could be reduced or even eliminated by other means, for example providing a refundable tax credit to low-income households or earmarking a portion of VAT revenues for programs to benefit low-income families with children

Although a VAT is moderately regressive, it has significant growth potential. A value-added tax of 5 percent on goods other than food, housing, and medical care would raise approximately $48 million in FY 1993, and $289 million between 1992 and 1996. A 3 percent VAT on a similarly narrow base of goods would raise approximately $29 million in FY 1993 and $174 million between 1992 and 1996.

The VAT has low visibility, a characteristic that appeals to some observers and troubles others. Some argue that taxes should be visible so that the costs of taxation can be readily compared with the benefits of government spending. Others argue that people generally do not like the idea of paying taxes; consequently, to finance public sector responsibilities, it is best to spread the burden widely, thereby making taxes seem as painless as possible. In this regard, because the VAT taxes consumption rather than income, even those who fail to comply with federal income tax laws must bear a share of the burden.

The VAT has been successfully implemented in many European countries, where it is a significant source of total tax revenues, ranging from 27 percent in Denmark to 13 percent in Italy. An additional benefit of the VAT is that it stimulates savings by reducing consumption. It is also favored by some because it is levied on imports and rebated on exports, thereby providing some competitive advantage for American products in international trade.

While it could generate significant new revenue, a VAT is not easily administered. In 1984, the Treasury estimated that the Internal Revenue Service (IRS) would need 18 months and $700 million per year to implement and administer a VAT.[8] The narrower the base, the more difficult the tax policy would be to administer. Similarly, the smaller the value of the VAT (2 percent to 3 percent), the less its return and the more likely administrative costs will outweigh projected revenues. For this reason, some economists do not recommend a VAT of less than 5 percent.[9]

Increasing Compliance with Tax Laws. Noncompliance with the individual income tax laws creates a significant gap between the amount legally owed and what is paid. Improving the efficiency and effectiveness of collecting income taxes on the estimated $80 billion to $100 billion annual underground, or off-the-books, economy would yield between $3 billion and $5 billion without significantly increasing administrative costs. Although many observers believe that much more could be collected, the amount of payoff from increased IRS enforcement diminishes as collections from tax cheaters increase. The administrative costs of additional collections rise sharply and reduce the net return. Therefore, although noncompliance should not be dismissed as a means of raising additional revenues, pursuing the tax gap appears to be a somewhat uncertain effort that should not be relied upon as a significant source of funds for children's initiatives.

Second Home Mortgage. Eliminating the mortgage deduction for second homes is one of several ways to generate additional revenues by broadening the income base and reducing tax loopholes that favor some groups of taxpayers over others. Most second homes are vacation homes, and some people argue that nearly unlimited deductions for such a luxury are inappropriate

when most interest on loans for education, medical expenses, and other consumer purchases is not deductible. Elimination of the deduction for mortgages on second homes would generate approximately $100 million in additional revenues in FY 1993 and a total of $1.1 billion by FY 1996.

Social Security. Social Security benefits are currently taxed at 50 percent for households with adjusted gross income above $25,000 (single return) and $32,000 (joint return). Increasing this rate to 85 percent of the benefit with current thresholds would raise approximately $4.9 billion in new revenue for the Treasury in FY 1993 (not for the Social Security Trust Fund). This change would bring in additional revenue while protecting low-income elderly households. Between 1992 and 1996, projected new revenues are expected to total approximately $25.3 billion.

Business Meals and Entertainment. Restricting the deduction from 80 percent to 50 percent of expenses for unreimbursed business meals and entertainment would raise an estimated $3.6 billion in FY 1993 and a total of

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$18.1 billion by FY 1996. Some argue that the deductibility of these expenses provides a tax subsidy that is not available to those who make meal and entertainment purchases outside a business setting. Further, even when connected with a taxpayer's business, expenditures for items such as parties, meals, tickets to the theater and sports events, and country club dues provide substantial personal benefit to the taxpayer and his or her guests.

Reallocations and Caps on Federal Spending

Recapturing funds from other areas of the federal budget or limiting growth in federal spending are other avenues for generating additional funds for children's initiatives. Although there is widespread support for efforts to control the federal budget, cutting existing programs is always painful. Each has its own beneficiaries and advocates who are affected when federal funding is reduced or eliminated. The task of cutting has become more difficult in recent years as domestic discretionary spending has been reduced and as Congress and the President have imposed restrictions on the transfer of savings from defense and foreign aid cuts to domestic purposes. Nevertheless, there are several areas of federal spending that we present as candidates for reductions in order to generate new sources of support for the programs we recommend.

Dependent Care Tax Credit. Eliminating the Dependent Care Tax Credit (DCTC) would free nearly $3.3 billion in FY 1993 and a total of approximately $14.2 billion by FY 1996. This tax policy benefits taxpayers who incur employment-related expenses for the care of their children (or elderly dependents) and has very strong support among middle-income families with two workers. Critics argue that the DCTC discriminates against families in which one parent remains at home to care for the children, and it does not benefit low-income families who have little or no tax liability.

An alternative to eliminating the DCTC would be to phase out the credit to ensure that the neediest families continue to have access to additional funds for child care. The credit could be phased out at 1 percent for each $1,500 of adjusted gross income above $30,000. This option would generate approximately $1 billion in FY 1993 and a total of approximately $4.9 billion by FY 1996.

Personal Exemption. Replacing the personal exemption for adults with a nonrefundable credit worth 15 percent of its current value would free an estimated $23.4 billion in FY 1993, and $117.5 billion between 1992 and 1996. The FY 1991 personal exemption of $2,150 is worth $323 for taxpayers in the 15 percent bracket and $667 for taxpayers in the 31 percent bracket. A 15 percent non-refundable credit that is adjusted for inflation would be worth roughly $345 for all taxpayers in FY 1992. Because the personal exemption is worth more for taxpayers filing returns in higher income brackets, proponents of this measure argue that it is more progressive and fairer to moderateincome families than the current exemption.

Food Stamps. Cashing out food stamps would save approximately $2 billion in administrative costs. Giving recipients money rather than stamps would reduce the administrative process and rigidity of the system and would enable recipients to spend the money according to their needs. This concerns some, who fear that some recipients will not make wise choices and will spend their money on things that do not benefit their children. However, the program currently is so restrictive that recipients are not able to buy items such as soap, laundry detergent, and diapers, which are essential to families with children and benefit children directly.

Social Services Block Grant. The FY 1991 appropriation for the Social Services Block Grant (SSBG) is $2.8 billion. Some observers have suggested scaling back this program by $1 billion to $2 billion. The SSBG provides funds to states for social services that the states deem necessary. Typical services include child care, protective services for children and adults, and home care for the elderly and handicapped. Supporters of the program argue strongly that SSBG funds are essential for making services available to many underserved populations, including low-income families with children. During the 1980s, when the Title XX social services program was converted to the SSBG, federal support was substantially reduced. Among many observers there are worries that further reductions would jeopardize states' and communities' ability to provide essential social services to families that are unable to pay for them.

Job Training Partnership Act. The FY 1991 appropriation for job training and employment opportunities for youth authorized under the Job Training Partnership Act (JTPA) is $3.3 billion. This includes funding for Title II-A (Training for Economically Disadvantaged Adults and Youth), Title II-B (Summer Youth Employment and Training), Job Corps, and Employment Services and Job Training — Pilot and Demonstration Programs. Some critics of JTPA urge scaling it back by $1 billion to $2 billion.

Farm Subsidies. Significant farm subsidies go to individuals with nonfarm incomes over $125,000. Eliminating eligibility for these upper-income farmers would generate approximately $80 million. Proponents of such reductions argue that this option would not threaten the operation of farms and would better target benefits to active farmers. Others

Follow the money...We spend a lot of time looking at how much money we have or don't have. We don't spend as much time looking at how it's used.

— BRIAN CAHILL
President and CEO,
Hathaway Children's Services,
Lakeview Terrace, California

favor eliminating farm subsidies altogether, which would generate approximately $13.4 billion in FY 1993.

Home Energy Assistance Program. Scaling back the Home Energy Assistance Program (HEAP) would free nearly $1 billion. The HEAP program was created in response to rapid increases in home energy prices between 1972 and 1980 to assist poor families living in geographical areas with severe winter or summer weather. Since that time, the costs of many types of energy have returned to their early 1970s levels, significantly reducing the demand for this program. As a result, states have transferred HEAP funds to supplement Title XX spending on social services. These transfers suggest that some states believe spending for energy assistance is not as high a priority as spending in other areas. The advantage to scaling back this program is retaining the flexibility to distribute funds quickly if energy prices rise in the future.

Manned Space Station. Controversy over the proposed manned space station has led the National Aeronautics and Space Administration (NASA) to propose a scaled-down design. The new station is estimated to cost $30 billion over the next 8 to 10 years. Some groups in the scientific community contend that the station is not worthy of the expense. While the Heritage Foundation estimates savings of $900 million by delaying funding and considering private alternatives, the Center for Budget and Policy Priorities estimates savings of more than $8.3 billion over five years by canceling the program.[10]

Defense. Among both conservative and liberal observers there is agreement that approximately $11 billion could reasonably be cut from defense spending and reallocated to programs for children and their families.[11] Some would advocate savings from closing military bases and commissaries, improving procurement procedures, and eliminating special interest add-ons to the defense budget. Others suggest scaling back or canceling expensive weapons systems, for example the B-2 bomber, the Strategic Defense Initiative, the Advanced Tactical Fighter, the LH helicopter, and the SSN-21 submarine. Legislative action to rescind prohibitions against transferring savings from one budget category to another (for example, from defense to domestic spending) would be required to accomplish this reallocation.

Caps on Federal Spending. Several proposals to limit federal spending have surfaced in the aftermath of the Gramm-Rudman-Hollings bill aimed at reducing the federal budget deficit. Some have sought to limit new federal spending according to a fixed percentage of existing expenditures.[12] Others have proposed limiting growth in federal spending to the average taxpayer's ability to pay for it,[13] namely, a growth rate based on per capita personal income in the preceding year. Such limitations would apply to all entitlements and discretionary spending — that is, to both on-budget and off-budget programs. While some proponents would impose limits only on domestic spending, others would limit both domestic and military expenditures. Despite these differences, however, there is general agreement that federal interest payments on the national debt would not be covered.

> **The costs are far greater to accept the system as it is rather than to try to change it.**
>
> **— WILLIAM S. WOODSIDE**
> **Chairman,**
> **Sky Chefs, Inc.,**
> **New York, New York**

Imposing a 4 percent cap on the growth of domestic spending would save approximately $56 billion in 1993. Begun in fiscal 1992, it would save an estimated $255 billion by FY 1996. These savings could then be applied to cover the federal costs of policies and programs for children and their families that are included in the Commission's agenda. It is important to note that OBRA 1990 makes a single cap on all domestic spending (mandatory and discretionary) difficult. While domestic discretionary funding is currently under a cap, it is not as low as 4 percent. Domestic spending for entitlement programs such as Social Security is not currently subject to a cap.

Dedicated Children's Trust

In order to guarantee federal funding to help children and families, any or all of the sources of funding presented in the Commission's alternative financing packages could be placed in a dedicated children's trust. The federal government has separate trust funds for highways, airports, the disabled, the elderly, and the jobless. Observers concerned that child- and family-focused programs often suffer in the federal budget process believe that a children's trust, with its own sources of revenue and specifically designated purposes, would offer some protection and funding stability. Such a trust fund would be created in the Treasury. It would receive income from specified dedicated sources plus the interest earned on the money invested.

Among the categories of initiatives that could be supported with trust funds are federal grant programs for health and social services, as well as the refundable tax credit, insured child support benefit, and the public plan for providing health insurance coverage for pregnant women and children. The President would include in his annual budget proposed plans for expenditure of the funds, and Congress would be responsible for appropriating funds from the trust.

Conclusion

The problems that threaten many American children and their families threaten all of society. They cause undue personal pain and suffering, lost productivity, hopelessness, and despair and they forecast a nation that is less safe, less caring, and less free. Many children are harmed, families broken, and communities destroyed needlessly. Yet as America enters the last

decade of the twentieth century, change is both possible and practical. As a moral and caring people, we can no longer tolerate preventable damage that wastes the lives and potential of so many of our children and families.

Throughout the pages of this report, the National Commission on Children has painted a picture of the condition of America's children and families as we have come to know it. We have also presented a vision of our society as we believe it should be. America needs the best adults we can make:[14] individuals who are caring, resourceful, moral, healthy, literate, and able to lead this nation into the twenty-first century. We must develop a common focus and purpose to change the conditions that jeopardize the health and well-being of so many of our youngest citizens. Failure to act today will only defer to the next generation the rising social, moral, and financial costs of our neglect. We can and must be better masters of our nation's destiny.

Notes

That there should one
man die ignorant who had capacity for knowledge,
this I call a tragedy.

— THOMAS CARLYLE, Philosopher

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CHAPTER 1

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CHAPTER 13

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Appendixes

Train up a child in
the way he should go; and when he is old,
he will not depart from it.

— OLD TESTAMENT, Proverbs, xxii, 6.

Appendix A

Background Tables on the Effects of Current and Proposed Income Security Policies

This appendix contains detailed tables that illustrate the effects of current and proposed income security policies. Tables A-1 and A-2 illustrate the current economic incentives to work and to marry. Table A-3 illustrates the combined effect of a $1,000 refundable child tax credit, a minimum insured child support benefit, and the fully phased-in value of the earned income tax credit. Table A-4 illustrates the effect of the current system on family income. Tables A-3 and A-4 calculate net income for households that vary in the number of children in the household, the employment status of the parent(s), and the marital status of the parents.

The following assumptions were used in creating these tables:

- Minimum wage is $4.25 per hour. 2,000 hours of work x $4.25 = $8,500 per year.
- Aid to Families with Dependent Children (AFDC) benefits are averages across states of maximum monthly AFDC benefits in January 1991.
- In the proposed income security plan, AFDC is reduced by 50 percent of the minimum child support benefit for single mothers.
- Food stamp benefit calculations assume a $116 standard deduction, plus $95 for excess shelter costs (roughly half of the maximum deduction), plus 20 percent of earned income as a deduction for working parents. Child support payments are considered gross income when determining eligibility for benefits, but are not considered earned income when calculating deductions.
- Medicaid and health insurance benefits are not included in these tables.
- Income taxes are derived from the 1991 tax code. The personal exemption is $2,150; the standard deduction is $3,400 (single), $5,700 (joint), and $5,000 (head of household). The 1991 marginal income tax rates of 15 percent, 28 percent, and 31 percent were used in conjunction with the taxable income breakpoints for single, joint, and head of household returns.
- Social Security tax is calculated as 7.65 percent of earned income.
- Work-related expenses are rough estimates that include transportation, clothing, and the opportunity costs of caring for children when child care is not available. In two-parent families with one parent in the work force, work-related expenses decrease from $1,250 to $1,000 because the opportunity costs of child care decline.
- In the proposed income security plan, Earned Income Tax Credit (EITC) benefits are fully phased in for families in 1991 dollars. This is done by combining the 1991 earning parameters with the following 1994 credit percentages:

	Maximum	Phase Out
1 qualifying child	23	16.43
2 or more qualifying children	25	17.86

By comparison, EITC benefits under current policy are calculated by combining the same 1991 earning parameters with the following 1991 credit percentages:

	Maximum	Phase Out
1 qualifying child	16.7	11.93
2 or more qualifying children	17.3	12.36

- EITC benefits do not include the supplemental credit for infants (5 percent) or the supplemental health insurance credit (6 percent).
- Poverty guidelines are updated through calendar 1991. These figures are calculated by multiplying 1989 poverty guidelines by a rate of inflation of 1.11 (135.7/122.7).

TABLE A-1

Economic Incentive to Work in a Minimum Wage Job

SOURCE OF INCOME	INCOME ($) Single parent, two children, unemployed	Single parent, two children, minimum wage	Change due to working
Wages	0	8,500	8,500
Exemptions		[6,450]	
Standard deduction		[5,000]	
AFDC	4,404	0	
Food Stamps	2,762	2,043	-5,123(a)
Taxable income		0	
Income taxes		0	
Social Security		-650	-650
Work expenses		-1,250	-1,250
Earned income tax credit		1,235	1,235
Net income	7,166	9,878	2,712

NOTE: Bracketed numbers do not affect net income.

(a) Reflects loss of all AFDC and some food stamp benefits.

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991). Calculations by the National Commission on Children.

Economic Incentive to Work in a $15,000 per Year Job

SOURCE OF INCOME	INCOME ($) Single parent, two children, unemployed	Single parent, two children, 15,000 job	Change due to working
Wages	0	15,000	15,000
Exemptions		[6,450]	
Standard deduction		[5,000]	
AFDC	4,404	0	
Food Stamps	2,762	0	-7,166(a)
Taxable income		[3,550]	
Income taxes		-533	-533
Social Security		-1,150	-1,150
Work expenses		-1,250	-1,250
Earned income tax credit		772	772
Net income	7,166	12,839	5,673

NOTE: Bracketed numbers do not affect net income.

(a) Reflects loss of all AFDC and food stamp benefits.

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC:Government Printing Office, 1991). Calculations by the National Commission on Children.

TABLE A-2

Economic Incentive to Marry a Person with a Minimum Wage Job

	INCOME ($)		
SOURCES OF INCOME	Single unemployed parent, two children, and potential spouse with minimum wage job	Married couple, two children, one minimum wage job	Difference between unmarried and married status
Wages	8,500	8,500	
Exemptions	[2,150](a)	[8,600]	
Standard deduction	[3,400](a)	[5,700]	
AFDC	4,404(b)	0	
Food Stamps	2,762(b)	2,943	-4,223(c)
Taxable income	[2,950]	0	
Income taxes	-443	0	443
Social Security	-650	-650	
Work expenses	-1,000	-1,000	
Earned income tax credit	0	1,235	1,235
Net income	13,573	11,028	-2,545

NOTE: Bracketed numbers do not affect net income.
(a) In this instance, the personal exemption and standard deduction are claimed only by the wage earner, who files as an individual and has no dependents.
(b) AFDC and food stamps are claimed for the nonworking parent and dependent children.
(c) Reflects loss of all AFDC and some food stamp benefits

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991).

Economic Incentive to Marry a Person with a $15,000 per Year Job

	INCOME ($)		
SOURCES OF INCOME	Single unemployed parent, two children, and potential spouse with $15,000 job	Married couple, two children, one $15,000 job	Difference between unmarried and married status
Wages	15,000	15,000	
Exemptions	[2,150](a)	[8,600]	
Standard deduction	[3,400](a)	[5,700]	
AFDC	4,404(b)	0	
Food Stamps	2,762(b)	1,380	-5,786(c)
Taxable income	[9,450]	[700]	
Income taxes	-1,418	-105	1,313
Social Security	-1,150	-1,150	
Work expenses	-1,000	-1,000	
Earned income tax credit	0	772	772
Net income	18,598	14,897	-3,701

NOTE: Bracketed numbers do not affect net income.
(a) In this instance, the personal exemption and standard deduction are claimed only by the wage earner, who files as an individual and has no dependents.
(b) AFDC and food stamps are claimed for the nonworking parent and dependent children.
(c) Reflects loss of all AFDC and some food stamp benefits

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991).

Corrected Tables A-3 and A-4
(pages 445 and 446)

TABLE A-3
Effects of Comprehensive Income Security Plan on Family Income

	SINGLE PARENT'S INCOME ($ 1991)								
	Unemployed			Employed Minimum Wage			Employed Median Income		
SOURCE OF INCOME	One Child	Two Children	Four Children	One Child	Two Children	Four Children	One Child	Two Children	Four Children
Wages	0	0	0	8.500	8.500	8.500	35.000	35.000	35.000
Exemptions				[2.150]	[2.150]	[2150]	[2.150]	[2.150]	[2.150]
Standard deduction				[5,000]	[5,000]	[5000]	[5,000]	[5,000]	[5,000]
Insured child support benefit	1,500	2.500	3,500	1,500	2,500	3,500	1,500	2,500	3.500
AFDC	2,790	3,154	4,322	0	0	0	0	0	0
Food stamps	1,788	2,387	3,428	585	1,293	2,685	0	0	0
Taxable income	0	0	0	[2,850]	[3,850]	[4,850]	[29,350]	[30,350]	[31,350]
Income taxes	0	0	0	-428	-578	-728	-4,403	-4,553	-4,703
Social Security	0	0	0	-650	-650	-650	-2,678	-2,678	-2,678
Work expenses				-1,250	-1,250	-1,250	-1,250	-1,250	-1,250
Refundable child tax credit	1,000	2,000	4,000	1,000	2,000	4,000	1,000	2,000	4,000
Earned Income Tax Credit	0	0	0	1,642	1,785	1,785	0	0	0
Net income	7,078	10,041	15,250	10,899	13,600	17,842	29,169	31,019	33,869
1991 Comparison	5,553	7,166	10,025	8,827	9,878	11,570	27,218	27,540	28,185
Poverty guidelines	8,932	10,932	16,578	8,932	10,932	16,578	8,932	10,932	16,578

	TWO PARENTS' INCOME ($ 1991)								
	Unemployed			One Employed Minimum Wage			Both Employed Minimum Wage		
SOURCE OF INCOME	One Child	Two Children	Four Children	One Child	Two Children	Four Children	One Child	Two Children	Four Children
Wages	0	0	0	8,500	8,500	8,500	17,000	17,000	17,000
Exemptions				[4,300]	[4,300]	[4,300]	[4,300]	[4,300]	[4,300]
Standard deduction				[5,700]	[5,700]	[5,700]	[5,700]	[5,700]	[5,700]
Insured child support benefit									
AFDC	4,404	5,184	6,924	0	0	0	0	0	0
Food stamps	2,762	3,428	4,706	2,043	2,943	4,743	0	0	2,703
Taxable income	0	0	0	0	0	0	[7,000]	[7,000]	[7,000]
Income taxes	0	0	0	0	0	0	[1050]	[1050]	[1050]
Social Security	0	0	0	-650	-650	-650	-1,301	-1,301	-1,301
Work expenses				-1,000	-1,000	-1,000	-1,250	-1,250	-1,250
Refundable child tax credit	1,000	2,000	4,000	1,000	2,000	4,000	1,000	2,000	4,000
Earned Income Tax Credit	0	0	0	1,642	1,785	1,785	697	758	758
Net income	8,166	10,612	15,630	11,535	13,578	17,378	15,096	16,157	20,860
1991 Comparison	7,166	8,612	11,630	10,085	11,028	12,828	14,228	14,569	17,677
Poverty guidelines	10,932	14,018	18,714	10,932	14,018	18,714	10,932	14,018	18,714

	TWO PARENTS' INCOME ($ 1991)					
	One Employed Median Income			Two Employed Median Income		
SOURCE OF INCOME	One Child	Two Children	Four Children	One Child	Two Children	Four Children
Wages	35,000	35,000	35,000	70,000	70,000	70,000
Exemptions	[4,300]	[4,300]	[4,300]	[4,300]	[4,300]	[4,300]
Standard deduction	[5,700]	[5,700]	[5,700]	[5,700]	[5,700]	[5,700]
Insured child support benefit						
AFDC	0	0	0	0	0	0
Food Stamps	0	0	0	0	0	0
Taxable income	[25,000]	[25,000]	[25,000]	[60,000]	[60,000]	[60,000]
Income taxes	-3,750	-3,750	-3,750	-12,380	-12,380	-12,380
Social Security	-2,678	-2,678	-2,678	-5,355	-5,355	-5,355
Work expenses	-1,000	-1,000	-1,000	-1,250	-1,250	-1,250
Refundable child tax credit	1,000	2,000	4,000	1,000	2,000	4,000
Earned Income Tax Credit	0	0	0	0	0	0
Net income	28,573	29,573	31,573	52,015	53,015	55,015
1991 Comparison	27,894	28,218	28,863	51,617	52,219	53,423
Poverty guidelines	10,932	14,018	18,714	10,932	14,018	18,714

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991). Calculations by the National Commission on Children.

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TABLE A-4

1991 Comparison: Effect of Current System on Family Income

SINGLE PARENT'S INCOME ($ 1991)

	Unemployed			Employed Minimum Wage			Employed Median Income		
SOURCE OF INCOME	One Child	Two Children	Four Children	One Child	Two Children	Four Children	One Child	Two Children	Four Children
Wages	0	0	0	8,500	8,500	8,500	35,000	35,000	35,000
Exemptions				[4,300]	[6,450]	[10,750]	[4,300]	[6,450]	[10,750]
Standard deduction				[5,000]	[5,000]	[5000]	[5,000]	[5,000]	[5,000]
Insured child support benefit	0	0	0	0	0	0	0	0	0
AFDC	3,540	4,404	6,072	0	0	0	0	0	0
Food stamps	2,013	2,762	3,953	1,035	2,043	3,735	0	0	0
Taxable income	0	0	0	0	0	0	[25,700]	[23,550]	[19,250]
Income taxes	0	0	0	0	0	0	-3,855	-3,533	-2,888
Social Security	0	0	0	-650	-650	-650	-2,678	-2,678	-2,678
Work expenses				-1,250	-1,250	-1,250	-1,250	-1,250	-1,250
Refundable child tax credit	0	0	0	0	0	0	0	0	0
Earned Income Tax Credit	0	0	0	1,192	1,235	1,235	0	0	0
Net income	5,553	7,166	10,025	8,827	9,878	11,570	27,217	27,539	28,184
Poverty guidelines	8,932	10,932	16,578	8,932	10,932	16,578	8,932	10,932	16,578

TWO PARENTS' INCOME ($ 1991)

	Unemployed			One Employed Minimum Wage			Both Employed Minimum Wage		
SOURCE OF INCOME	One Child	Two Children	Four Children	One Child	Two Children	Four Children	One Child	Two Children	Four Children
Wages	0	0	0	8,500	8,500	8,500	17,000	17,000	17,000
Exemptions				[6,540]	[8,600]	[12,900]	[6,450]	[8,600]	[12,900]
Standard deduction				[5,700]	[5,700]	[5,700]	[5,700]	[5,700]	[5,700]
Insured child support benefit									
AFDC	4,404	5,184	6,924	0	0	0	0	0	0
Food stamps	2,762	3,428	4,706	2,043	2,943	4,743	0	0	2,703
Taxable income	0	0	0	0	0	0	[4,850]	[2,700]	0
Income taxes	0	0	0	0	0	0	-728	-405	0
Social Security	0	0	0	-650	-650	-650	-1,301	-1,301	-1,301
Work expenses				-1,000	-1,000	-1,000	-1,250	-1,250	-1,250
Refundable child tax credit	0	0	0	0	0	0	0	0	0
Earned Income Tax Credit	0	0	0	1,192	1,235	1,235	506	524	524
Net income	7,166	8,612	11,630	10,085	11,028	12,828	14,227	14,568	17,676
Poverty guidelines	10,932	14,018	18,714	10,932	14,018	18,714	10,932	14,018	18,714

TWO PARENTS' INCOME ($ 1991)

	One Employed Median Income			Both Employed Median Income		
SOURCE OF INCOME	One Child	Two Children	Four Children	One Child	Two Children	Four Children
Wages	35,000	35,000	35,000	70,000	70,000	70,000
Exemptions	[6,450]	[8,600]	[12,900]	[6,450]	[8,600]	[12,900]
Standard deduction	[5,700]	[5,700]	[5,700]	[5,700]	[5,700]	[5,700]
Insured child support benefit						
AFDC	0	0	0	0	0	0
Food stamps	0	0	0	0	0	0
Taxable income	[22,850]	[20,700]	[16,400]	[57,850]	[55,700]	[51,400]
Income taxes	-3,428	-3,105	-2,460	-11,778	-11,176	-9,972
Social Security	-2,678	-2,678	-2,678	-5,355	-5,355	-5,355
Work expenses	-1,000	-1,000	-1,000	-1,250	-1,250	-1,250
Refundable child tax credit	0	0	0	0	0	0
Earned Income Tax Credit	0	0	0	0	0	0
Net income	27,894	28,217	28,862	51,617	52,219	53,423
Poverty guidelines	10,932	14,018	18,714	10,932	14,018	18,714

SOURCE: Data from U.S. Congress, House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs* (Washington, DC: Government Printing Office, 1991). Calculations by the National Commission on Children.

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Appendix B

Five-Year Projections of Program Costs and Funding Options

This appendix contains detailed tables projecting the federal costs implied by the Commission's recommendations and estimating funds that could be generated by alternative financing options over a five-year period.

Table B-1 provides estimates of the federal costs of the Commission's policy recommendations in the areas of income security, health, education, transition to adulthood, family support, child welfare reform, coordination and collaboration, and children's moral development for fiscal year (FY) 1992 through FY 1996, and cumulative totals.

Table B-2 provides estimates of funds that could be generated by alternative taxation and reallocation options for FY 1992 through FY 1996, and cumulative totals.

TABLE B-1

Estimate of New Federal Costs, Fiscal Years 1992-1996

	Cost ($ Billions)					
PROPOSED PROGRAMS	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	FY 1992-FY 1996
INCOME SECURITY						
$1,000 refundable child tax credit (a)	40.300	40.300	40.800	41.900	43.400	206.700
Earned Income Tax Credit (EITC)	0.000	0.000	0.000	0.000	0.000	0.000
Child support insurance demonstration	0.100	0.104	0.108	0.112	0.117	0.541
Transitional supports and services	0.000	0.000	0.000	0.000	0.000	0.000
Public employment opportunities	0.000	0.000	0.000	0.000	0.000	0.000
Aid to Families with Dependent Children (AFDC)	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal	40.400	40.404	40.908	42.012	43.517	207.241
HEALTH						
Public-private health insurance plan (b)	7.400	7.696	8.004	8.324	8.657	40.081
National Health Service Corps (b)	0.080	0.083	0.087	0.090	0.094	0.434
Community and Migrant Health Centers	0.150	0.213	0.213	0.213	0.213	1.002
Maternal and Child Health Block Grant (MCH)	0.100	0.100	0.100	0.100	0.100	0.500
Special Supplemental Food Program for Women, Infants, and Children (WIC) (b)	1.000	1.040	1.082	1.125	1.170	5.417
Subtotal	8.730	9.132	9.486	9.852	10.234	47.434
EDUCATION						
Head Start	0.800-2.373	0.832-4.024	0.865-5.760	0.900-5.760	0.936-5.760	4.333-23.677
School restructuring (b)	0.460	0.478	0.498	0.517	0.538	2.491
School choice	0.230	0.239	0.249	0.259	0.269	1.246
Support for high risk students 0.148	0.154	0.160	0.166	0.173	0.801	
Subtotal	1.638-3.211	1.703-4.895	1.722-6.667	1.842-6.702	1.916-6.740	8.871-28.215
TRANSITION TO ADULTHOOD						
Community-based adolescent development demonstrations (b)	0.015	0.016	0.016	0.017	0.018	0.082
Adolescent Family Life Program (b)	0.033	0.034	0.036	0.037	0.039	0.179
Job Corps (c)	0.160	0.166	0.173	0.274	0.383	1.156
Community service	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal	0.208	0.216	0.225	0.328	0.440	1.417
FAMILY SUPPORT						
Workplace policies	0.000	0.000	0.000	0.000	0.000	0.000
Child care (b)	0.143	0.245	0.347	0.449	0.552	1.736
Family support centers	0.000-0.370	0.000-0.640	0.000-0.840	0.000-0.960	0.000-1.000	0.000-3.810
Subtotal	0.143-0.513	0.245-0.885	0.347-1.187	0.449-1.409	0.522-1.552	1.736-5.546
CHILD WELFARE REFORM						
Title IV-B (family preservation)	0.000-.215	0.000-0.430	0.000-0.645	0.000-0.860	0.000-1.075	0.000-3.225
Subtotal	0.000-.215	0.000-0.430	0.000-0.645	0.000-0.860	0.000-1.075	0.000-3.225
COORDINATION AND COLLABORATION						
Development of coordinated health and social services delivery demonstrations (b)	0.030	0.031	0.032	0.034	0.035	0.162
Subtotal	0.030	0.031	0.032	0.034	0.035	0.162
CHILDREN'S MORAL DEVELOPMENT						
National Endowment for Children's Educational Television (b)	0.004	0.004	0.004	0.005	0.005	0.022
Subtotal	0.004	0.004	0.004	0.005	0.005	0.022
TOTAL	51.153-53.311	51.735-55.997	52.774-59.154	54.552-61.202	56.669-63.598	266.883-293.262

(a) Estimate of costs in FY 1992 reflect full implementation of refundable credit.
(b) Indexed for inflation at 4%.
(c) Job Corps costs include funds for creating 50 new centers and operational costs in FY 1995 and FY 1996.

Source: Data from U.S. Congress, Joint Committee on Taxation; Lewin/ICF using the Health Benefits Simulation Model; Executive Office of the President, *Budget of the U.S. Government: Fiscal Year 1992* (Washington, DC: Government Printing Office, 1991); Congressional Budget Office. Calculations by the National Commission on Children.

TABLE B-2

Tax Revenue Options, Fiscal Years 1992-1996

	Revenue ($ Billions)					
SOURCE OF REVENUE	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	TOTAL
INDIVIDUAL TAX RATES						
One new bracket:						
36% bracket ($90,000; $150,000; $128,500)	5.6	10.2	10.3	10.4	10.6	47.1
36% bracket ($120,000; $200,000; $171,400)	4.3	7.8	7.7	7.7	7.7	35.2
50% bracket ($60,000; $100,000; $85,700)	30.8	57.1	59.0	61.6	64.0	272.5
50% bracket ($180,000; $300,000; $262,500)	11.5	20.6	20.1	20.0	19.6	91.9
50% bracket ($300,000; $500,000; $428,500)	6.8	12.2	11.9	12.0	11.9	54.7
Two new brackets:						
33% bracket ($60,000; $100,000; $85,700) (a) 38% bracket ($90,000; $150,000; $128,500)	8.8	16.2	16.5	16.9	16.3	74.7
Increase rates in existing brackets:						
1% increase: raise individual rates to (16%; 29%; 32%)	13.1	24.6	26.4	28.4	30.1	122.6
2% increase: raise individual rates to (17%; 30%; 33%)	26.3	49.5	53.1	57.1	60.7	246.8
OTHER TAX OPTIONS						
Value-added tax:						
Broad base at 5%	—	83	133	140	146	502
Narrow base at 5% (excluding food, housing, and medical care expenditures)	—	48	77	80	84	289
Broad base at 3%	—	50	80	84	88	302
Narrow base at 3% (excluding food, housing, and medical care expenditures)	—	29	46	48	51	174
Broad base at 2%	—	33	53	56	58	200
Narrow base at 2% (excluding food, housing, and medical care expenditures)	—	19	31	32	34	116
Tax Social Security and Medicare benefits:						
Tax 85% of Social Security and Railroad Retirement benefits, with existing thresholds of $25,000 (single); $32,000 (joint)	2.3	4.9	5.4	6.0	6.6	25.3
Tax the full insurance value of Part A Medicare, with no income thresholds	2.2	7.5	8.3	9.0	9.9	36.9
Tax the insurance value of Part A Medicare at 50%, with income thresholds of $25,000 (single) and $32,000 (joint)	0.6	1.7	1.9	2.1	2.4	8.7
Tax the full insurance value of Part B Medicare, with no income thresholds	1.3	4.5	5.0	5.7	6.4	22.8

	Revenue ($ Billions)					
SOURCE OF REVENUE	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	TOTAL
Corporate taxes:						
Increase top corporate income tax rate from 34% to 36%	2.1	3.5	3.5	3.5	3.6	16.1
Excise taxes:						
Impose $5 per barrel tax on all imported oil, including refined products	14.2	19.4	20.0	20.6	21.4	95.9
Increase excise tax on distilled spirits, beer, and wine to $16.00 per proof gallon (effective 10/1/91)	3.3	4.6	4.7	4.7	4.7	22.0
Increase cigarette tax to $0.32 per pack (effective 10/1/92)	—	0.8	1.5	1.5	1.5	5.3
Increase the luxury tax from from 10% to 15%	0.1	0.1	0.2	0.2	0.2	0.8
Estate taxes:						
Decrease estate tax exemption from $600,000 to $300,000	—	2.4	2.7	3.1	3.5	11.7
Tax capital gains at death	—	5.2	6.1	6.9	8.2	26.4
REALLOCATIONS						
Tax Provisions:						
Replace personal exemption for adults with a nonrefundable credit worth 15% of the current exemption (adjusted for inflation)	11.2	23.4	25.4	27.6	29.9	117.5
Phase out mortgage interest deductions for second homes	0.1	0.1	0.2	0.3	0.4	1.1
Cap the $1,000 refundable child tax credit for high income returns in the same manner as in present law	1.1	1.1	1.2	1.3	1.4	6.1
Repeal the Dependent Care Tax Credit	0.3	3.3	3.4	3.5	3.7	14.2
Phase out the Dependent Care Tax Credit for adjusted gross income greater than $30,000	0.1	1.0	1.1	1.3	1.4	4.9
Reduce the deduction for business meals and entertainment from 80% to 50%	2.3	3.6	3.8	4.1	4.3	18.1

(a): Tax rate breakpoints are specified for single, joint, and head of household returns.

Source: U.S. Congress, Joint Committee on Taxation.

Appendix C

Additional Views

The following additional views were submitted by members of the National Commission on Children for inclusion in the final report.

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[illegible] EAST [illegible] STREET • NEW YORK, NEW YORK [illegible]
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BARBARA B. BLUM
President

May 14, 1991

Senator John D. Rockefeller IV
Chairman
National Commission on Children
1111 18th Street, N.W.
Washington, D.C. 20036

Dear Mr. Chairman,

This letter is written to express strong and unwavering support for the recommendations approved unanimously by the members of the National Commission on Children. The set of recommendations in the commission report is the most comprehensive and substantive policy plan for families and children in our country since the initiatives of the 1930's.

The text of the report reflects the earnest and difficult deliberations of commissioners with diverse philosophies; the consensus developed among the commissioners is testimony to your leadership. The role you played as chairman created an atmosphere in which honest debate was cherished, and the civility of our discussions mediated fractious and ideological disagreements.

As reasonable persons would assume, a consensus document of this scope will neglect some aspects of each commissioner's interests. For my part, there are three major areas in which more defined positions would have been preferred.

1) In the first and most important set of recommendations on income security, provision for a comprehensive employment program designed to create jobs in response to cyclical economic declines would "round out" an otherwise impressive set of recommendations and could, if SSI were also reshaped, replace AFDC.

2) In the section on health insurance, my preference would be for a nationally managed system, contracted through the

insurance system. The efficiencies and equities attached to such an approach are quite obvious. However, recognizing that insurance interests are well arrayed against so rational a plan, the recommendations as presented are acceptable.

3) School choice is an issue which remains problematic for me so long as information about and access to "good" schools is largely determined by income class, and therefore, also, by race. The short supply of quality schools creates a danger of even greater inequity for poor children.

Despite my strong feelings about these three issues, the overarching power of the commission's report dictates a strong expression of support. The report's recommendations set the agenda for children and families over the next decade and for years beyond.

I am privileged to have served as a commissioner.

Sincerely,

Barbara B. Blum

Barbara B. Blum

T. BERRY BRAZELTON, M.D.

The Honorable John D. Rockefeller IV
United States Senate
Washington, DC 20510

Dear Jay:

I am proud to have been a member of the National Commission on Children. Over the past two years, we have learned so much about the children and families of the United States. At times, I felt we functioned as a large extended family as we shared our deep concern over the conditions of children and the extent of family breakdown in our country. We all felt we were seeing the imminent breakdown of a society which had been and could still be an example for the world.

Our culture has not as yet supported stressed families and children adequately. We anticipate a frightening future for our society as children from both overstressed middle-class families and the desperate, hopeless, angry families of the poor face an uncertain future. We are in a national emergency and no one seems to be paying attention. We must allocate the considerable resources we will need to meet this crisis. We must salvage this next generation if the nation is to have any kind of decent future.

All commissioners recognized this emergency. The fact that we came to consensus on all the major issues represents both hard work and compromise on all our parts -- in the interest of children. Many commissioners were facing this national emergency for the first time and were burdened by conflicts between their new experiences and the politics in which they were embedded. But we all tried to compromise personal ideals in order to do what we felt might alleviate the emergency more quickly and effectively. The result is our consensus report!

In my own case, I want to see immediate action to give families the feeling that they are being listened to, and that we will begin to empower them to do their part -- to raise children with a decent self-image and the will to learn, to fit in to education and the workforce of the future. We cannot otherwise continue to be a competitive society with all the other nations in Europe and Asia who are 10-15 years ahead of us in their attention to supporting families and to providing incentives and opportunity for children.

Families in the U.S. need to feel a sense of empowerment and choice. Parental and medical leave around a new or a sick or an adopted baby would be an inexpensive symbol of how much we believed in supporting new and besieged families. Only 50% of working families would be affected by such a mandate, but the rest would feel empowerment and choice. It would cost businesses and government a minimum amount. We need such a symbol of parent support now!

Our income security recommendations are critical for the 20 percent of children below the poverty line. Our present welfare system labels families as failures. In turn, these same families recede into a sense of hopelessness, helplessness, and failure. Our poverty is almost unique in the world. The anger the poor feel about being labelled inadequate leads to self- and other-destructiveness, such as murder, abuse, addiction, and terrorism which are rampant in all our cities.

Our present health system is also a failure. It cannot be shored up to do what it needs to do -- reach out with a preventive model to all families and children. Our health costs are rising astronomically, but they are embedded in a band-aid, therapeutic model which reaches the very poor (because of Medicaid), the chronically-ill elderly (Medicare), and those fortunate to be covered by private insurance. A huge gap of working class and lower middle class have no therapeutic coverage and can be ruined by an illness. But even more serious for our economy, they have no coverage for the very preventive care which would save our present medical system. A major revision of the medical system is needed urgently.

Supportive intervention in infancy for all families at risk -- single parents, divorced parents, poor parents, impaired children -- would save our country huge amounts of rehabilitation and educational services later on. Without them, these at-risk children are likely to grow to impulsive adolescents whose actions will require us to hire more police and build more prisons than we can possibly afford.

Our society is diverse -- in race, color, creed, family structure. This very fact provides stresses when we try to treat everyone alike. We must value this diversity, understand it, support it. To try to blanket it with middle class values which work only for the already empowered repeats the tragedy of the 1980s when we saw our culture divide between the very rich and the very poor. We will not survive as a nation with that system. The angry desperation we saw in children at all levels around our country in these past two years has been a warning to all of us.

I strongly support the present report of the Commission for its hard work, its consensus, and its requests for base-level support for all families in the U.S. Our children and our young families are the only hope for our nation. The time to pay attention to them is now.

Sincerely,

Berry Brazelton

T. Berry Brazelton, M.D.
Professor Emeritus, Pediatrics
Harvard Medical School

The Rockford Institute
934 North Main Street Rockford, IL 61103
815/964-5053

May 14, 1991

Senator John D. Rockefeller, IV
Chairman, National Commission on Children
1111 Eighteenth Street, NW
Suite 810
Washington, DC 20036

Dear Jay:

The Final Report of the National Commission on Children, approved on May 1, 1991, received my affirmative vote and has my support as a consensus document.

As permitted, I also want to register several personal reservations about salient aspects of the final report, for inclusion in the published document. To begin with, I understand the motives behind and the possible benefits of a child support enforcement plan that includes a minimum government-insured child support benefit. Given the unknown effects of such a program on human behavior (particularly relative to family formation), I appreciate the Commission's stated intent of requiring a proper test and positive evaluation of such a program before proceeding with a national plan. Nonetheless, I need to register my philosophical opposition to any plan that would centralize new authority over divorce, child custody, and (implicitly) marriage in Federal hands. Despite proposed efforts to utilize the states as intermediate agents in the guaranteed support plan, I believe that such a system would generate a growing pattern of Federal control.

In addition, I believe that the recommendation in Chapter Five to reorient welfare "as short-term relief" is wholly inadequate, unless the welfare benefit is clearly time-limited to 2-3 years. In this regard, the Report's existing language contains too many exceptions to be workable.

The proposed refundable child tax credit of $1,000 is an important affirmation of children, and a proper and long overdue recognition of the special financial and taxation burdens carried by today's parents. For the majority of American families, this credit would effectively represent a real tax cut, and should be so treated. As a benefit for American parents with limited or no tax liability, I believe that the credit deserves support only as it is partially "paid for" by eliminating the Dependent Care Tax Credit for child care expenses (largely a middle-class benefit which discriminates against stay-at-home parents) and by reducing (or effectively "cashing out") a portion of Federal welfare benefits, specifically AFDC and Food Stamps.

Page 2
Senator John D. Rockefeller, IV
May 14, 1991

Concerning Chapter Nine, I need register my philosophical opposition to the Federal funding of birth control programs. Given the deep divisions among Americans regarding sexual ethics, I believe that the Federal government should remain neutral, leaving these issues for resolution at the state level.

All of the Commission's recommendations, I believe, should be conditioned by awareness of the evidence suggesting that the modern welfare state has sometimes grown at the expense of the family (for example, see David Poponoe, Disturbing the Nest: Family Change and Decline in Modern Societies [New York, 1988]). The unique strength of these United States lies in the degree to which we citizens still adhere to the principles of personal responsibililty and family autonomy. Fortunately, the principles outlined in Chapter Four of the Report do give priority to the family, resting on marriage, as the proper sphere for rearing children. In light of these principles, this Report should not be used to justify any governmental action which would diminish the autonomy of the family or the authority of parents over their children.

Respectfully submitted,

Allan Carlson
Member of the Commission, 1988-91

ACC/hb

Yale University

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May 17, 1991

Senator John D. Rockefeller IV
National Commission on Children
1111 Eighteenth Street, N.W.
Suite 810
Washington, DC 20036

Dear Senator Rockefeller,

The Report of the National Commission on Children is a historic achievement in relation to social policy for children and families. The Report presents a unified, thoughtful integration of multiple different areas of concern. Our recommendations in relation to welfare reform, tax policies which support children and families, access to health care, educational reform, family support, the value of Head Start and early intervention, the reduction of barriers to obtaining services and the streamlining and new forms of accountability within Congress and the Executive Branch will be seen as reflecting America's best shared values at this phase of our nation's history.

The Commission's Report is distinctive because of the wide base on which it is built. The Report is the result of two years of effort. It reflects the Commissioners' first-hand observations throughout the United States, scholarly reviews of the knowledge concerning children and the institutions which serve them, and open and deeply felt debate. Through your leadership and the personal commitment of the Commissioners, we were able to reach a consensus. In reaching this consensus, there were areas in which each of us had to compromise for the sake of building a broadly acceptable statement. Such a statement, of course, cannot satisfy everyone on every particular topic; rather, its power derives precisely from the fact that we have achieved an equilibrium among different forces. The process and final Report thus represent the best values of democratic society: respect for differences and a desire for reaching consensus when it really matters.

The unanimous vote of support for the National Commission's Report indicates that we succeeded, as a group, in speaking-out coherently for children and families. I believe this consensus derived from opportunities for sharing experiences --- in juvenile court where foster children are treated as if they were criminals, in premature nurseries where babies are withdrawing from drugs, with foster youth who are abruptly deprived of all supports at age 18, in inner city schools whose students described their fears of violence as they walked home. We all learned that something very bad is happening to America's children and that there must be action.

The Report describes the unanimous consensus that action for children and families is the responsibility of every sector of society. We agreed among ourselves that parents are their child's primary caregivers and advocates and need the opportunities to fulfill their parental responsibilities; that government at all levels has the responsibility to help parents in these tasks and to help assure that children have the opportunities to live healthy, safe and secure lives and reach their optimal development; that the private sector, volunteers, religious organizations, all sectors of American society need to

Senator John D. Rockefeller IV -2- May 17, 1991

be engaged in promoting the welfare of children and their families. We also endorsed the importance of public morality in relation to children, the central role of private morality as exemplified by the obligations within the family and its community, and the importance of the transmission of values from parents to children.

There are, however, areas in which the Report is not as bold as I would wish it to be. Although I am convinced that our chapter on health care represents a reasoned, balanced and modest starting point in relation to the health of pregnant mothers and children, and one that would be acceptable to physicians caring for children and families, the Commission could have been more forceful in assuring adequate medical care for all families who are currently without insurance. I also would have liked more recommendations focusing on the mental health needs of children and adolescents, especially those with serious disorders who are likely to be burdened throughout their lives by behavioral, psychiatric and developmental problems. And I believe that it would have been useful to have emphasized the value of pregnancy counselling and family planning and the need for young people to have a range of options for preventing too early and unwanted pregnancies.

In addition to these concerns, I would have liked a bolder plan for early intervention for children at risk, starting during gestation and proceeding throughout the course of development, and more emphasis on the terrible problems of inner city youth --- their sense of hopelessness, the stark absence of opportunities, their exposure to violence in the streets. Every American city needs to rebuild an infrastructure for youth development and employment.

In noting these areas where I might have wished for more emphasis, I am sure that I stand alongside all the Commissioners; each could list areas where their concerns were not expressed, in the final Report, precisely as they would have wished. What is remarkable is that we have been able, in spite of these differences, to reach agreement. The Report speaks with one voice in emphasizing the role of parents and families, of communities concerned about children and their development, and of the role of government in providing services and shaping social policy to benefit children.

With your leadership and the hard work of the staff, we have achieved consensus. We broadly agree on where America's children and families are and what this nation and its people should be doing to move us forward. I hope that our recommendations will help guide national policy and shape national consensus towards action.

Let me express my personal gratitude for the opportunity of working with you, the staff and the other members of the National Commission.

Sincerely,

J. Cohen

Donald J. Cohen, M.D.

DJC:mfb

Children's Defense Fund

122 C Street, N.W.
Washington, D.C. 20001

DEAR LORD
BE GOOD TO ME
THE SEA IS SO
WIDE AND
MY BOAT IS
SO SMALL

Marian Wright Edelman
President

Telephone (202) 628-8787

May 16, 1991

Senator John D. Rockefeller IV
Chairman, National Commission on Children

Dear Mr. Chairman:

It is a pleasure to endorse the Report and recommendations of the National Commission on Children. It is exciting and heartening that there is such broad agreement on so many basic principles and proposals among members representing such a broad spectrum of opinion. It bodes well for rescuing America's children from the terrible circumstances so many of them face that there is this overarching agreement.

Particularly important is the consensus on family economic security. The centerpiece of the Report is the recognition of the unacceptable toll that child poverty is taking on children and the nation's future. It is self-destructive and morally wrong for this nation to have child poverty rates that hover around 20 percent -- two times the rate for adults, and two to three times the typical rates of our allies and economic competitors abroad. Unless we conquer child poverty, our nation will continue to pay an unacceptably high toll in its health and educational outcomes, in its crime and incarceration rates, in its hunger and teen pregnancy numbers and in myriad other ways. Unless we conquer child poverty, we will continue to lose ground to other nations in productivity as well as quality of life.

Children of all races and classes increasingly are imperiled by growing drug and alcohol abuse, family breakdown, and violence. But the extraordinarily high incidence of child poverty is a linchpin of many of the problems the Commission addresses, so I am particularly pleased with our recommendations for a universal and refundable child tax credit plus steps toward a child support insurance system. In addition, families with children need greater employment opportunities and family-supporting wages.

There are four points on which I must take issue with the Report.

1) It seems to me that the tone of the Report excessively blames parents, especially single parents, for the problems children are facing, while understating both the role played by the erosion of values and responsibility in other sectors of our society and the strengths of many parents raising children alone.

I believe deeply in the primacy of parental responsibility for children; that parents should be good moral examples for children and preserve strong values and family rituals. No amount of schooling can imbue values about work, family and community that are not communicated in the home. Too often, however, the tone of the Report converts these principles into blame for parents, especially single parents and sometimes poor parents, for the ills of our nation's children, without a balancing recognition of how well many such parents are doing despite the extraordinary stresses of juggling the combined responsibilities of work and child-rearing.

The Report also does not adequately describe the many powerful forces outside the family that have contributed equally or more to the problem. The erosion of both material support from and ethical standards in the governmental, community, media and business sectors, has exacerbated weaknesses in families and contributed to the deterioration of values in families of all types. The public and community ethic and the national economic climate create the milieu within which families function. As economic and other supports that have traditionally held families and neighborhoods together withered, while a national climate of greed, quick gratification and indifference to hard work and family integrity came to prevail, it is a testament to the strength of American families that they held together as well as they did.

2) Better co-ordination of services, and simpler and more accessible services are an absolute necessity (and "one-stop shopping" is an excellent goal), but these are by no means the necessary outcome of "decategorization" as the Report proposes it.

Less restrictive program categories, more pilot projects, more experimentation, and more waivers of program regulations to enhance co-ordination and flexibility are all meritorious goals in the abstract. They also can be desirable in practice when they improve the lives of children and families who need services and supports. But when implemented without adequate safeguards, these initiatives too often can work against children's interests. This is no accident. The same political powerlessness of children and poor people that leads to fragmentation in the first place means that they need to be protected if the rubrics of co-ordination and simplicity are not simply to become ways to remove quality assurances and accountability measures. Too many of the block grants and experiments of the past decade produced less support, services and protections for children. The dangers are sufficiently great that the Report's recommendations need to be surrounded by greater safeguards to assure that these efforts will improve the lives of children.

Similarly, I wholeheartedly approve simplified or uniform eligibility criteria so long as children do not lose already inadequate supports in the process. Uniformity means either raising the worse criteria or lowering the better ones. The outcome for children matters more than the goal of uniformity. Criteria in some programs are so abysmally low that raising them is essential, but lowering standards in the better programs for the sake of uniformity would just mean more pain for children.

3) I would prefer that the Commission had approved paid parental leave because our society should better support parents who choose to stay at home with their children in the crucial early period of bonding or who need to stay at home with their ill children. Parents should be able to do so without the fear of losing their jobs or suffering a drastic loss of income.

4) I would prefer a single-payer health insurance system, although I recognize the realities that may make that hard to obtain. A single-payer system would better assure a single class of care for all Americans, reduce administrative costs, and have other long-term advantages. It is, however, most important that we get to a point that all Americans have health insurance and access to decent care.

I want to thank all my fellow commissioners for their hard work and their recognition that children are not a partisan issue but are the future of the nation we all love and hold in trust. I also want to thank you, Mr. Chairman, for your fine leadership, and the extraordinary staff for a job well done.

Now it's time for every American to act.

Sincerely yours,

Marian Wright Edelman
President

CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
RAYMOND L. FLYNN

May 17, 1991

The Honorable John D. Rockefeller, IV
Chairman
National Commission on Children
111 18th Street, N.W.
Suite 810
Washington, D.C. 20036

Dear Senator Rockefeller:

I am writing to commend you and the Commission staff for an outstanding and thoughtful report. The Commission's proposals are a blueprint for strengthening families and promoting the healthy development of all the nation's children. I am encouraged by the bipartisan support the report received, and am hopeful that this consensus will help us move the agenda forward.

While I fully support our mission to advocate for all of our nation's children, the struggles of poor and needy families are closest to my heart. Cities like Boston, which are constantly stressed and challenged by the epidemics of drug use and violence cannot do the job alone. While volunteerism and strong family values are critical pieces, we must recognize that all segments of society --- government, employers, community institutions, and the media --- must work together to promote the healthy development of our young people.

I am pleased that the final report includes recommendations that incorporate program models and interventions that have proven effective for needy families. Expansion of Headstart and WIC are strong investments from which all Americans can benefit. I especially want to applaud the recommendation for expansion of community-based prevention and treatment programs for high risk youth, which are so vital as our young people make the transition to adulthood. I am also pleased that the report addresses not only targetted service programs but also includes economic policies that give families a hand up and out of poverty.

BOSTON CITY HALL • ONE CITY HALL PLAZA • BOSTON • MASSACHUSETTS 02201 • 617 725-4000

Rockefeller, page two

Again, I want to thank you for your leadership and commitment. I believe the Commission has created an action agenda that will enable us to improve the lives of children and families in the years to come.

Sincerely,

Ray Flynn

Raymond L. Flynn
Mayor of Boston

MARY HATWOOD FUTRELL
8304 GRACEWAY DRIVE
LORTON, VIRGINIA 22079

May 20, 1991

Senator John Rockefeller, Chairman
Mrs. Cheryl Hayes, Executive Director
National Commission on Children
Suite 810
1111 Eighteenth Street, N. W.
Washington, D. C. 20036

Dear Senator Rockefeller and Mrs. Hayes:

Allow me to take a moment to thank the two of you and the NCC staff for the outstanding leadership and support you provided the Commission during its two year study of the status of children in the United States. I believe that our findings accurately portray what is happening to too many families in this country. Our findings underscore the need for the leaders and citizens of America to implement policies and programs which will provide stronger support for families, especially for children.

The report, I believe, outlines a critical set of recommendations which, if implemented, will help our nation develop a set of comprehensive policies to provide the necessary support to nurture one of the most critical institutions in our society--our families. In particular, I was extremely pleased that the commissioners voted unanimously to support the report.

As we deliberated the issues, it was obvious that each of us brought different insights and experiences as to why we, as a nation, are facing the current dilemma regarding families. Further, each of us had different views as to how to resolve the problems we face. For example, in the section on education, I personally would have written the chapter differently with more emphasis on the student. In addition, I would have included stronger language regarding family leave. However, each of us realized that the final report should reflect a concensus rather than a collection of individual reports. The report achieves the goal of a united effort to forge a more cohesive, a more comprehensive set of findings and recommendations -- that it is urgent for the people of this country to work together to help families, to help the nation become stronger and more secure.

Again, thanks to each of you and the members of the Commission for having the courage to place the issue of families, especially the concerns of children high on the American agenda.

Sincerely,

Mary Futrell

Mary Hatwood Futrell
Commissioner

Mrs. Donald J. Hall

Dear Mr. Chairman,

It has been a most enlightening experience to have served as a Senate appointee to the National Commission on Children for the past two years. I am most appreciative of the opportunity.

The consensus report contains excellent information, and my hope is that it will be read with care. The purpose of this letter is to underscore some of the language which might otherwise be obscured.

The report calls for the increase in networks of community institutions to help create a supportive environment for parents and children.

It is my opinion, widely shared, that practical solutions at the community level are better than federal solutions. Citizens working in their own communities know the problems first-hand. They can prioritize them. They can dig into them and translate that knowledge into practical strategies. Very importantly, they can then evaluate the effectiveness against concrete, measureable goals. A federal solution is not called for. Policies to solve the problems of all children are going to be too clumsy and too costly. The federal bureaucracy is less responsive and less able to promote progress and change than community action led by committed and concerned citizen-volunteers.

LOCAL SOLUTIONS WORK! Community pride, exemplified in voluntary action, is a very important motivator! We found exemplary models across this country. That should not seem so strange! The local media are full of exciting examples of what happens when citizen-volunteers respond to a local need. They assume leadership, they commit the time, money and effort that are needed. They address the specific problem rather than abstract goals. Because of this voluntary committment of friends, family, and neighbors, (synonyms for "institutions"), America is most unique...the most caring and wonderful in the world. This spirit of voluntarism has had a profound impact on the shaping of our country's institutions and on the relationships between society and government. The fabric of our society was initiated, developed, and has been maintained by voluntary, philanthropic activity in the private sector. I fear that another layer of welfare, or mandated, federal prescriptions, will tear at this very fabric.

COMMUNITY NETWORKS, AND PARTNERSHIPS BETWEEN THE PUBLIC AND PRIVATE SECTORS, ARE ABSOLUTELY NECESSARY! The challenges are great, and outpace our traditional models for meeting them. So, we must turn from the old suggestions of dealing with problems by throwing dollars at them, and single-sector, turf protected strategies, to new, comprehensive approaches. So much of what we learned in our travels around the country showed us that there were enormous gaps in the delivery systems, and confusion for the clients as they tried to enter. Networks and partnerships can fill in those gaps, and together can muster the courage to eliminate those parts of the system which are not working. Local communities who are leveraging private, state, and federal dollars, working together, making a unified assault on their major problems, are the ones making a significant difference in the lives of people.

Partnerships require all parties to open their minds to some new ways of thinking. That thinking involves sharing responsibility, being open to different solutions, and committing energies toward finding workable programs. That means seeing unique opportunities in each individual community. Every community has different resources in place in the private sector geared to help solve particular local problems.

When the President speaks of his "Thousand Points of Light", I don't think he's talking about abandoning the federal role in solving problems. His increased budget request for Head Start and other programs despite great budget pressure is evidence of that. I think he is issuing a clarion call for us to bring together the tremendous resources of our volunteers, our corporations, our foundations, AND our federal, state and local governments to represent the resource of will necessary to meet the challenges of America.

In the final analysis, that is what will make the difference! The voluntary sector can not solve the problems alone. Nor can the state or federal governments. We must, with resolve, forge a harmonious and joint partnership which can find the ways to effectively and successfully reach out to our families, our children, our generation at risk.

Kindest regards,

Adele Hall

May 16, 1991

Senator Jay Rockefeller, Chairman
National Commission on Children
1111 18th Street N.W., Suite 810
Washington, D.C. 20036

Dear Senator Rockefeller:

It has been a privilege to serve on the National Commission on Children. We have reached a broad and valuable consensus on what we should be doing to improve the outlook for all American children. I wholeheartedly support the recommendations of the report.

I have enjoyed working with my fellow commission members who have unanimously endorsed the report. Our unanimity, however, does not extend to those issues we agreed not to discuss. For example, we are not all like-minded about issues concerning reproductive choices. While I have great respect for the deep convictions of others, I feel equally passionate that the time has come to voice my personal views on this subject.

The National Commission on Children has spent a great deal of its time addressing the problems of children born at high risk of failure and those who grow up in dysfunctional families. We have looked at the intricate web of disadvantagedness and followed numerous threads including poverty, the physical and emotional health of children, learning disabilities, school achievement, violence and risky anti-social behavior among adolescents.

Once we step back from the canvas we can discern patterns. One unmistakable theme is the trajectory of failure that begins with so many births to unmarried women. The dimensions of the problem are shown in the chart that appears in chapter two of the report. Both the number and proportion of births to unmarried women have increased every year over the last 36 years. In 1988 one million babies--one out of every four--were born to unmarried mothers. Next year, as the table below indicates, probably 1,200,000 babies will be born to unwed mothers, most of whom will be poor and unlikely to be able to provide the nurturing a young child needs to succeed in present day America. Teenagers and their babies are especially vulnerable to the risks of out-of-wedlock childbearing. The first chapter of the National Commission on Children's Report, "The High Cost of Failure," states: "Each year, half a million babies are born to teenage girls ill prepared to assume the responsibilities of parenthood. Most of these mothers are unmarried, many have not completed their education, and few have prospects for an economically secure future." This is followed a few pages later by the observation: "Clearly, the problems that harm children and threaten the nation have their roots in the failure of individuals to assume responsibility for themselves and the children they bring into the world."

But this failure cannot be regarded solely as a series of individual failures. Collectively, we must assume some responsibility. Our society does not provide real family planning alternatives to individuals who are sexually active. We cannot expect the ultimate responsibility for pregnancy and childbearing to rest only with individuals unless they are encouraged to make informed choices about issues related to their sexual activity, including abstinence, contraception, abortion, adoption, as well as the realistic difficulties they will face in raising their own babies. These real choices and the means to act on them are not now generally available, particularly to the young and the poor.

The Commission's decision not to discuss family planning options, specifically abortions and vigorous counseling on contraceptives, mirrors our nation's behavior. A recent editorial in The New York Times stated: "Although Americans are increasingly outspoken about sex, they remain curiously uninformed about birth control. Some 10 percent of American women at risk of pregnancy use no method of contraception. They trust to luck alone--and are responsible for over half this country's 3.5 million unplanned pregnancies." Luck alone is not enough. The trajectory of failure is intergenerational. Babies at risk are conceived, gestate, and are born to mothers who are unprepared for their responsibilities as parents. The mothers are often too young, too poor and too isolated to cope successfully with another life. It is precisely when the stakes are the highest--prior to conception, during pregnancy and through infancy--that the fewest supports are available from either the family, the community or the government.

We must try to prevent this intergenerational transmission of risk. The National Commission on Children's Report correctly identifies early prevention as one of its "Guiding Principles for Action": "Preventing problems before they become crises is the most effective and cost-effective way to address the needs of troubled families and vulnerable children." But the Commission avoids mention of key strategies that are likely to prevent births of babies who are unwanted or unplanned. Our failure to prevent such births undoubtedly results each year in hundreds of thousands of babies being born who will be problematic to the numerous institutions they will eventually encounter as they grow older--schools, courts, hospitals, mental health agencies, welfare departments, prisons.

I believe we need to do more. While I share my fellow Commissioners' belief that abstinence or postponement of premarital sexual activity is desirable, neither addresses the realities of the sexual behavior of adolescents today. Nearly 40 percent of 15- to 17-year old girls and 80 percent of all of all girls under 20 are now sexually active. While there is no evidence that candid sex education encourages promiscuity, the myth persists. Evidence does exist, however, that even though American teenagers are just as sexually active as their counterparts in other developed countries, we have significantly higher rates of pregnancy, abortion and births. These higher rates reflect American teenagers' failure to use effective contraceptives on a consistent basis. This underscores the necessity of vigorous counseling on all alternatives and the provision of needed services including contraceptives and abortions along with sex education, adoption-referrals and life options. We cannot afford to continue selecting only the most palatable and least controversial options.

My personal bias has always been towards prevention. When I helped start the Ounce of Prevention Fund in Illinois nine years ago, I had hoped that this public-private partnership would provide a blueprint for how to prevent damage to the development of our children. What I have learned is how difficult it is to achieve success in these programs after the baby is born into a high risk setting. Our future lies with all of the next generation. We cannot continue to ignore the ever-increasing number of babies who are not planned, not wanted and not nurtured.

Very truly yours,

Irving Harris

Irving B. Harris

United States

Year	Total Live Births	Births to Unmarried Women	
		#	%
1950	3,632,000	141,600	3.9
1960	4,257,850	224,300	5.3
1970	3,731,386	398,700	10.7
1980	3,612,258	665,747	18.4

Year	Total Live Births	Births to Unmarried Women	
		#	%
1985	3,760,561	828,174	22.0
1986	3,756,547	878,447	23.4
1987	3,809,394	993,013	24.5
1988	3,909,510	1,005,299	25.7
1989	4,000,000*	1,072,000*	26.8*
1990	4,000,000*	1,116,000*	27.9*
1991	4,000,000*	1,160,000*	29.0*
1992	4,000,000*	1,200,000*	30.0*

*Estimated projections

CALIFORNIA STATE DEPARTMENT OF EDUCATION
721 Capitol Mall; P.O. Box 944272
Sacramento, CA 94244-2720

Bill Honig
Superintendent
of Public Instruction

May 17, 1991

Honorable John D. Rockefeller IV
Chairman
National Commission on Children
1111 18th Street, N.W.
Washington, D.C. 20036

Dear Senator Rockefeller:

I am proud to endorse the report and recommendations of the National Commission on Children. It represents astonishing agreement among individuals from very different personal, professional, and political persuasions. For once, liberals and conservatives were able to agree that the health and well-being of the nation's children and families depends both on individual actions and government policies. As a result, the Commission was able to forge a bold and achievable agenda for the 1990s.

I am particularly pleased by the Commission's emphasis on early childhood development to ensure that every child enters school ready and able to learn, and on fundamental school restructuring to ensure that schools can meet the needs of an increasingly diverse student population. I would also note, as the report does, that this is the appropriate context in which to consider policies to promote choice among public schools.

I also want to underscore the report's strong emphasis on prevention. Throughout our deliberative process, we stressed the importance of addressing the problems and needs of children and families before they become costly and tragic crises. The Commission's recommendations in the areas of health, education, child welfare, and adolescent development are all strongly preventive in nature and represent wise investments in healthy, secure, and well-educated children. As a nation, I hope we have the political will to follow through.

In the weeks and months to come, I am sure that each member of the Commission will highlight those themes and recommendations that most closely reflect his or her personal ideology or special expertise. In doing so, however, we must take care not to miss the forest for the trees. Regardless of the particular emphasis that each of us may give to one or another part of the report, the fact remains that a group as diverse as ours reached consensus on a comprehensive set of recommendations to

John D. Rockefeller IV
Page 2
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better the lives of the nation's children. That is an historic accomplishment and a tremendous challenge to all Americans to make our agenda theirs.

Sincerely,

Bill Honig

Bill Honig

BH:sf

Wade F. Horn, Ph.D.

05/17/91

Dear Senator Rockefeller:

My vote in support of the final report of the National Commission on Children reflects my agreement with many, but certainly not all, of the recommendations contained in the report. It is impressive that a group of individuals with such diverse beliefs and viewpoints were able to achieve consensus on such issues as the importance of values, marriage and two-parent families, school choice, and tax relief for families with children. Nevertheless, I do continue to have significant reservations about the report.

First, although the report should be read as outlining a 10-year policy agenda for the nation in support of children and families, the way that the financing chapter is structured could be interpreted to indicate that we intended that all of our recommendations should be enacted beginning in 1992. This is simply not so. It would have been better had the report emphasized more clearly that the Commission intended many of these recommendations to be phased-in over a number of years, and that some of the recommendations will require preliminary demonstration and evaluation efforts before decisions should be reached about implementing them on a nationwide basis.

More importantly, I continue to have extreme reservations about the financing chapter. I object in the strongest of terms to **any** attempt to use this report to increase taxes. Indeed, one of the major consensus items contained in this report is that families with children are **over-taxed**. It would be ludicrous to recommend tax cuts for families with children on the one hand, and then **raise** their taxes on the other in order to "pay for it".

Second, the Commission came a long way in recognizing that many of the problems placing children at risk (i.e., divorce, out-of-wedlock parenting, a declining moral climate, increased parental substance abuse) are due to undesirable behaviors on the part of adults which are not readily solved by government programs. Indeed, inclusion of an entire chapter on "Creating a Moral Climate for Children" reflects a consensus on the part of the Commission that, in the words of Dr. Louis Sullivan, the restoration of "...a vigorous, demanding, dynamic culture of character" is perhaps the **most** important thing we can do to improve the well-being of children in America. Nevertheless, some of the other chapters continue to imply that government programs are the answer to many of the problems facing our nation's children and youth. For example, some Commissioners recommend spending up to a billion dollars annually to support a formal system of "family support centers". In reality, the best support for families are not federally subsidized support networks, but rather extended family, neighbors, and religious institutions. It would be regrettable indeed, if we were to become a nation that had to "pay" someone in order for families to receive support and nurturance.

Third, twice in the document there appears the recommendation that wherever teacher salaries are below the national average, they be increased to the national average. In addition to the statistical impossibility of this recommendation (in order for everyone to be at the national average, some teachers would have to have their salaries decreased), it reflects little recognition that despite a decade of unprecedented increased expenditures for education, there has been little corresponding improvement in educational outcomes. It is my belief that the true answer to the continuing crisis in our educational system is contained in another of the report's recommendations - school choice.

Fourth, I strongly object to any additional expansion in funding for the Child Care Development and Block Grant (CCDBG). Given that this report should be viewed in its entirety, and not as independent recommendations, the $1000 refundable tax credit for children would allow parents the economic means to exercise greater choice in making decisions about child care arrangements in a manner that does not discriminate against stay-at-home parents. I also oppose the recommendation for a $50 million increase in CCDBG funding for "quality improvements". The latter usually translates into increased regulations and mandates that can work in favor of institutionalized day care and against family, church-based, and informal child care arrangements.

Finally, although the Commission did reach consensus on the harmful impact of divorce on children, no recommendations were made as to how to reverse the disturbing trends in divorce rates. Some examples of how this might be accomplished include a re-examination of the impact of no-fault divorce laws on divorce rates, the implementation of "braking mechanisms" that require parents considering divorce to pause for reflection, and a requirement that parents contemplating divorce first decide the future of their children before settling questions of property and maintenance.

Nevertheless, even with these reservations, I believe the report of the National Commission on Children to be a significant step forward toward the achievement of a national consensus on a policy agenda for children and families. I anticipate that its recommendations will serve the useful purpose of stimulating lively debate on these issues.

Sincerely,

Wade F. Horn

Wade F. Horn, Ph.D.

CHILD WELFARE LEAGUE OF AMERICA, INC.

National Commission On Children
1111 Eighteenth Street, N.W.
Washington, D.C. 20036

Dear Colleagues,

One of the tragic ironies of the past decade is that in a period of significant economic growth and prosperity, the most prosperous nation on earth is failing its children.

When the people of this country truly believe its children are in crisis, they will act. They will respond.

Our report is a unique effort. It speaks to all those forces that can be marshalled to positively change childrens' lives. It speaks with a loud voice. It is a call for action.

President Bush has said,"There is no task nobler than giving every child a better future." As a nation we can do no less.

Sincerely,

Mai Bell Hurley
Mai Bell Hurley

Past President,
Child Welfare League of America

GUARDING CHILDREN'S RIGHTS • SERVING CHILDREN'S NEEDS

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Kay C. James

May 16, 1991

The Honorable John D. Rockefeller IV
Chairman
National Commission on Children
1111 18th Street, NW, Suite 810
Washington, D.C. 20036

Dear Mr. Chairman:

I am very pleased that the National Commission on Children has reached agreement on several key points. Most importantly, the report soberly analyzes the disintegration of the family during the past few decades and emphasizes the need for strong, stable, two-parent families. Our intent was not to judge or criticize or otherwise increase the burdens of single parents, but rather to acknowledge the difficulties they face and to examine the devastating effects on children of the trend toward fatherless families.

In general, we found a great deal of consensus in defining the problems facing children. However, as reflected in the pages of the report, reaching consensus on how to best solve those problems proved much more difficult.

This leads me to some serious reservations I have with the report. Woven throughout the document is an underlying assumption that children are faring poorly because of governmental neglect. Ironically, federal spending on children's programs increased by almost $10 billion during the eighties. We need to be reminded that governments do not have children -- parents do.

For the children who are faring poorly, we must shine the burning spotlight of blame which for years has primarily focused on government upon ourselves as well. Policies must encourage open and honest discussion about the negative impact on children of irresponsible adult behavior such as drug and alcohol abuse, out-of-wedlock parenting and the lack of devotion of parental time to family and children.

I am convinced that the most effective programs and policies are those which not only empower parents as the natural loving nurturers of their children, but also expand parental autonomy and involvement. Allowing parents to choose among public schools exemplifies this approach. From there, we should allow parents to choose from private and parochial schools as well.

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For the same reason, the recommendations on child care are a step in the wrong direction. With four children of my own, I have struggled with the child care question. Looking around I saw a great diversity of providers -- from my husband or me staying home with the children, to grandmother, to the next-door-neighbor, to church-based care, to commercial day care centers.

Children deserve to be cared for in healthy, nurturing and loving environments. The options vary as widely as the families from which these children come. Regulations aimed at improving "quality" should not discriminate against any one of these child care options. While I am pleased that the commission did not call for major federal regulations, I am concerned that the regulatory emphasis on "quality" will limit the options available to parents especially in the areas of family and church-based care.

I strongly endorse the concept of tax relief for families with young children. However, I qualify that endorsement with the caveat that we proceed cautiously, if for no other reason than to ensure the stability of our national economy.

It also makes no sense to ease the tax burden on families with young children and then recommend massive new programs requiring measureless sums of taxpayer dollars.
I do not want to bankrupt our children's future by burdening them with taxes to pay for unproven unaccountable government programs.

I am very pleased therefore that the Commission has recommended that programs, such as the insured child support plan, be tested first in rigorously evaluated demonstration projects before they are continued or expanded. In addition, we need to support financing options which will not destroy our children's economic future.

Sincerely,

Kay C. James

Kay C. James

APWA

AMERICAN PUBLIC WELFARE ASSOCIATION

James L. Solomon, Jr., President
A. Sidney Johnson III, Executive Director

May 17, 1991

The Honorable John D. Rockefeller IV
Chairman
National Commission on Children
1111 18th Street, N.W., Suite 810
Washington, D.C. 20036

Dear Jay:

I write to express my strong support for the final report of the National Commission on Children, and my deep appreciation for the outstanding leadership you have provided.

I want to endorse, in particular, the recommendations concerning economic security and child welfare. The proposal for a $1,000 refundable tax credit for children is especially important and long overdue. It will provide roughly $40 billion a year to families with children, do so in a way that helps all families with children, and benefit in particular the poor and working class families who need the most help. This stands in sharp contrast with the current dependent exemption that provides the most help to rich families, substantially less to working and middle class families, and no help at all to poor families. While all families are eligible to receive the $2,300 personal exemption per child today, the actual value of that benefit varies tremendously according to one's tax bracket. Thus the $2,300 exemption provides $713 per child to families making $100,000, only $345 per child to families making $20,000-$30,000, and nothing at all to families making $5,000. The proposed $1,000 refundable tax credit will correct what is a clear inequity in the tax code. The change will also help address the significant erosion in family tax benefits caused by inflation.

The Commission's child welfare recommendations will eliminate the current misguided funding incentives that favor placing vulnerable children outside their own homes. This approach would focus instead on providing preventive services to help families stay together and care for their own children. In doing so, it endorses and builds on the recommendations of APWA's National Commission on Child Welfare and Family Preservation. These reforms are absolutely essential to strengthen families and protect and nurture children.

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The Honorable John D. Rockefeller IV
May 17, 1991
Page 2

Had I been the sole author of the Commission's Report, there are several elements that I would have presented differently. First, public policies must consistently and unequivocally support all families with children, regardless of whether there are two parents or one parent in the home. We need to help all families obtain and provide real opportunites for their children.

Second, I believe the services and programs to help families and children recommended by the Commission must be funded at or above the maximum levels listed. Many families and children today are in crisis or on the edge -- experiencing poverty, homelessness, poor health, substance abuse, and community violence. They require support, opportunity, and effective community services to have a chance to become self-sufficient, contributing members of society.

Finally, I very much regret that the Commission Report is silent on the need to create jobs. Our country is mired in recession, with 8.3 million unemployed individuals, according to official definitions, and millions more hidden unemployed who aren't counted because they have become so discouraged, or are so disabled, that they no longer look for work. These people want jobs and need jobs. But the jobs simply do not exist today.

Unemployment destroys families. It robs children of their childhood. When unemployment increases, other social ills rise as well -- including alcoholism, homicide, suicide, and abuse. Unemployment takes a major toll on the country's financial and human resources. Those concerned with families and children need to address job creation as well as job training.

These concerns aside, the Commission Report nevertheless presents a strong and realistic agenda for strengthening American families and children. And it reflects unanimity among Commissioners who represent a wide range of views. Unanimity flowing from an intensive process like this is unusual, and very important. As a consensus document, the Report speaks to a broad audience and has an excellent opportunity to win public acceptance and to generate positive change.

Families and children need action, not just rhetoric and recommendations. This Report offers an important vision and many of the basic policies and programs that can turn that vision into reality. I applaud the Commission's process and support its strong conclusions.

Best regards,

Sid

A. Sidney Johnson III
Executive Director

The Casey Family Program.

May 17, 1991

The Honorable John D. Rockefeller IV
Chairman
National Commission on Children
1111 Eighteenth Street, N. W. Suite 810
Washington, D.C. 20036

Dear Jay:

I strongly support the final report of the Commission and want to thank you, my colleagues and the staff that developed an ambitious, achievable and important set of policy recommendations. Achieving unanimity about major changes in domestic policy from Commissioners holding strong and diverse opinions and beliefs is quite important and I hope the American people receiving this report understand that each of us believes that core issues are expressed here, even though each of us might have emphasized an issue differently or added issues.

Focusing on family strengths and the means to preserve and support families in the important domains essential for adequate child rearing is the critical element of the report for me. We stress prevention concretely by recognizing that all families are too heavily burdened by our tax system and that those families most impacted by various federal, state and local taxes - low and middle class wage earners - need to keep more of their wages to support their children. We renew our commitment to realistic and balanced reform of public welfare systems by recommending aggressive expansion of the earned income tax-credit for working custodial parents and adequate child support from absent parents and government where necessary.

As I read our report, the missing element in the economic security policy prescription is the equal importance of job creation and the commitment of the business sector to aggressive, risk-taking in training and hiring young men, especially among minority groups, who are too often the most glaring examples of long-term economic dependency and the most unable to form and maintain families.

May 17, 1991
Page Two

I do believe that families in concentrated poverty will be significantly better off with the implementation of our recommendations focused on early childhood development, public education improvement and family support, since we look at both outcomes and changes in the delivery systems.

Providing means for more of these families' needs to be addressed in their neighborhoods, in safe, pleasant places with well-trained positive staff, will assure the right atmosphere for individual children and their families to feel valued and protected. At the same time, raising expectations and parental responsibilities for their children's learning and development seems a promising way to promote changes even in tough neighborhoods and communities, as the New Haven school experiments appear to indicate.

I look forward to working with you and all of those who will see the Commission's report as a springboard action, turning our conclusions and recommendation into an effective, well funded policy and program agenda for the nation's children and families.

Sincerely,

Ruth

Ruth Massinga

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May 17, 1991

Honorable John D. Rockefeller, IV
Chair, National Commission on Children
1111 18th St, NW, Suite 810
Washington, DC 20036

Dear Senator Rockefeller:

The National Commission on Children spent 2 years gathering information and preparing their report. Given the diverse philosophies of the Commissioners, we sometimes disagreed but we worked hard to come to an agreement. Recognizing how important it is for our blueprint for America's children to be seriously considered by our nation's policymakers, I participated in an unanimous vote for the report. Nonetheless, my strong beliefs about the issues of family and medical leave and health care compel me to again express my concerns.

Family and Medical Leave

The report acknowledges the need for family and medical leave, but proposes no change in policy to address the issue. For example, the report documents that parental time spent on bonding with newborns or newly adopted children, with a frightened, sick child, or attending important school events, are important to the healthy development of children and to stronger families. The report acknowledges that stronger families benefit the entire society and that it is in society's best interest to support parents in their childrearing roles. Moreover, the report calls for policies and programs which would effectively address the needs of America's children and families.

Yet, the recommendation merely exhorts employers to adopt family leave policies. A policy of encouragement is what we already have, which is why members of both parties in Congress are seeking reform. The report notes that progressive employers who care about their employees provide family leave without a legal mandate. Unfortunately, like equal pay and the eight-hour day, there is no guarantee of universal family leave without Congressional action. While "voluntarism" and "flexibility" are attractive words for American industry, the voluntary, flexible approach for many employers translates into no leave or very limited leave with no job guarantee upon return.

America needs a national policy providing minimum standards for family and medical leave. By not recommending a federal policy designed to accommodate the needs of working parents, the

in the public service

Commission is telling workers they must make an intolerable choice between financial security and the responsibilities of parenting.

I regret that we could not recommend a stronger policy. It is my view that the U.S. Congress should pass and the President should sign a family and medical leave law which would, at a minimum, establish the right to unpaid leave for the birth, adoption or illness of a child, spouse or elderly parent, or the employee's own illness; guarantee employees the same or equivalent position when they return to work; and continue health benefits during the leave period. A clear majority of the Commissioners favored this position.

Health Care

While I strongly support any effort to gain better and more accessible health care to children and pregnant women, I think it is now clear that the financing system for health care in America is so defective that new money spent will be quickly diverted toward administration and inflation rather than reaching the women and children's needs. The recent New England Journal of Medicine study comparing U.S. and Canadian health care delivery systems makes clear the magnitude of the problem. Indeed, the $100 billion in savings that we could achieve in America if we restructured our system based upon a single payer model, we could more than cover the children we seek to serve.

Rather than dismissing these figures as unrealistic savings, I think it is clear to the members of my union, the American Federation of State, County, and Municipal Employees (AFSCME), and most Americans, that the money they and their employers spend for their health insurance premiums, deductibles, and co-insurance today is nothing more than another form of taxation--and a bad buy at that. Refinancing that money through a single payer program in each state would save enough money not only to care for America's children, but every other man and woman in the country.

Again, I believe the report breaks new ground and offers some promising solutions to problems we identified. It was a pleasure to serve on the National Commission on Children because AFSCME has made the health and welfare of America's families a priority. We will continue to fight for policies and programs families need to improve their lives.

Sincerely,

Gerald W McEntee

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INTERNATIONAL PRESIDENT

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May 17, 1991

The Honorable John D. Rockefeller IV
Chairman
National Commission on Children
1111 Eighteenth Street, N.W.
Suite 810
Washington, D.C. 20036

Dear Jay:

I want to commend you and the Commission for an outstanding and thoughtful final report.

As former Chairman of the Select Committee on Children, Youth, and Families, I appreciate your efforts to forge a new consensus on behalf of policies benefitting children and their families, especially in the areas of economic security and health care. There are several areas, however, where I think the Commission could go farther to enhance and protect the nation's children, immediately and in the long-term, and I appreciate the opportunity to comment.

I respectively submit these additional views cosigned by Nancy Daly, a colleague on the Commission.

Sincerely,

George Miller

GEORGE MILLER
Member of Congress

ADDITIONAL VIEWS

The National Commission on Children is to be commended for an outstanding and thoughtful final report. The bold work of the Commission will result in advancing and elevating family policy at the national level, especially in the areas of family economic security and health care reform. There are several areas, however, where additional comment is necessary.

Economic Security

We support the Commission's far-reaching recommendations to ensure the economic security of the nation's children and their families, but urge that in these times of serious fiscal constraints, State and local governments not interpret the recommendations to suggest that Aid to Families with Dependent Children (AFDC) is a failed program. Until Commission recommendations are fully in effect, States should refrain from taking any action to reduce AFDC rates or participation.

Health Care

The Commission's call for universal insurance coverage for mothers and children with a benefits package suitable and crucial to child well-being is a critical first step. However, a single-payor system for health care, similar to Canada's, incurs more significant benefits for greater numbers of consumers and a more profound reduction in administrative costs than a reliance on employer mandates. Largely due to extreme administrative expenditures incurred by 1,500 different insurers, the U.S. now spends close to 12% of its gross national product on health care. By the year 2000, families will experience a 512% increase in out-of-pocket health care costs, not including health insurance premiums. A recent study by Harvard Medical School physicians found that the U.S. could reduce its health care administrative costs by over $100 billion through use of a single insurer, and the savings would provide insurance coverage for the 33 million uninsured Americans.

The health cost-containment measures in the Commission report are also somewhat troublesome. Families between 100% and 200% of poverty would have to pay premiums and deductibles on a sliding fee scale. Although there would be no deductibles or coinsurance for preventive services, families at the lower end may have trouble picking up any cost at all. In fact, new studies have documented that families have trouble paying insurance premiums at all until their income reaches 200% of the federal poverty level. The new child health insurance tax credit enacted in OBRA 1990 may ease that burden, but probably not sufficiently to cover the rising cost of health insurance.

The recommendations also discuss the imposition of a prospective payment system similar to Medicare. Such systems may not be suitable for conditions relating to pregnant women and children and serious consideration should be made of alternative methods of cost-containment.

The Commission's recommendations to expand public health services, including the National Health Service Corps, the Maternal and Child Health Block Grant, and Community and Migrant Health Centers are vitally important. The Commission's recommendation for ***an additional $1 billion for WIC*** will help ensure that all eligible pregnant women and children receive WIC benefits. However, more resources to support the public health infrastructure are needed. Health insurance coverage alone, while crucial, will not guarantee access to care, especially for the most vulnerable families.

The report suggests that continued Medicaid expansions would leave too many children uninsured, and a complete change to a national health insurance system would be too disruptive to our private health insurance system. However, until Congress and the Administration agree on a national health insurance program, we support mandated Medicaid coverage for pregnant women and infants and optional coverage for children with family incomes up to 185% of poverty as an interim measure until major reform becomes reality.

Child Welfare

Under the Adoption Assistance and Child Welfare Act, P.L. 96-272, money appropriated for Title IV-B of the Social Security Act has been insufficient to meet the needs of the program. While an increase in Title IV-B funding would certainly be helpful in expanding child welfare services, we would have preferred to see the Commission support the creation of an entitlement of Title IV-B to ensure that the necessary "front end" preventive services are available to children and families in the child welfare system, as well as needed reunification and aftercare services. We would also have supported an increase in training and support services, and increased payments to foster parents to support their "professionalization."

The recommendations of some Commissioners to terminate parental rights for abandoned infants after ninety days is also of concern. Every state code already addresses the definition of "abandonment" and requisite conditions for a finding that parental rights are to be terminated, and we believe that these issues are best left to each state to decide.

Family and Medical Leave

We are among the Commissioners who support the federal government guaranteeing adequate family and medical leave for families upon the birth or adoption of a newborn, for the care of ill children or dependent parents, as well as for the serious illness of the employee. As the House Select Committee on Children, Youth, and Families documented in its extensive child care investigation, mothers with infants are the fastest growing group in the labor force. Yet limited or non-existent job-guaranteed family leave and scarce child care options for infants leave too many families economically vulnerable (Families and Child Care: Improving the Options, 1984).

According to the U.S. General Accounting Office, the cost of implementing family and medical leave would amount to only about $5.00 per year per covered employee. By contrast, the lack of family leave costs families more than $600 million a year -- six times the cost to employers. Taxpayers also lose more than $100 million every year in unemployment compensation and other benefits for workers who have lost their jobs because they don't have guaranteed parental or medical leave. Parents of more than three million children with serious chronic illness or disabilities, as well as young adults caring for elderly dependent parents are left with choices of more costly institutionalization or nursing home care.

Decategorization of Federal Programs for Children

The Commission recommends the "decategorization" of select programs for children, youth, and families to coordinate policies better at the federal level. As the House Select Committee on Children, Youth, and Families has documented, service systems at the local level, from maternal and child health to juvenile justice, mental health and child welfare require immediate action to reduce fragmentation and make services user friendly. However, we urge caution in implementing federal "decategorization" of children's programs. Coordination is difficult, if not impossible to legislate effectively, especially at the federal level. As we have so painfully learned after a decade of block grants, such approaches do not and will not solve the problem of access to services for families and could lead to service elimination and loss of entitlements.

We support a simplified application process for children and their families for a range of programs, including Head Start, WIC and maternal and child health, but we are concerned about the recommendation to establish uniform eligibility criteria across these and other important programs for children without a guarantee that the most generous eligibility standards will be used. We would strongly oppose action that resulted in reducing program eligibility, thereby cutting off millions of families now eligible for programs with more generous income and resource requirements.

Thank you for the opportunity to comment.

Sincerely,

George Miller
GEORGE MILLER, M.C.

Nancy Daly
NANCY DALY

Valley Children's Hospital

J.D. Northway, M.D.
President and
Chief Executive Officer

May 17, 1991

Senator Jay Rockefeller
Chairman
National Commission on Children
1111 - 18th Street, N.W., Suite 810
Washington, D.C. 20036

Dear Mr. Chairman:

After some time to reflect on the Commission's final report, I want to share with you how pleased I am that this report was a unanimous document that places children front and center as America's number one priority.

The importance of this report is that it sets a clear direction that will ensure a future for our country and demands the full support of individuals, corporations, small businesses as well as government. This is neither a liberal nor conservative document, rather one that pulls us together as a nation to do what is right for children and their families.

Personally, I am proud and pleased to have been a part of the National Commission on Children that did place CHILDREN first. I look forward to the future.

Sincerely,

J. D. Northway, M.D.
President & Chief Executive Officer

JDN:kk

3151 North Millbrook/Fresno, California 93703 (209) 225-3000

A. Louise Oliver

May 17, 1991

The Hon. John D. Rockefeller IV
Chairman
National Commission on Children
Washington, D.C.

Dear Senator Rockefeller:

Zounds! This is a government report that supports the concept of the traditional, two-parent family, recognizing it as the norm, and as the family structure that works. Whoever would have thought that possible -- in this day of designer lifestyles and curious couplings? That recognition alone persuaded me to join in supporting this report, even though it often fails to follow some of its findings to their logical conclusions, and even though it contains findings or implications that I and some of my fellow Commissioners do not support.

It is of profound significance that the report recognizes that "Most American children are healthy, happy and secure" and that "They belong to warm loving families." Many would have us believe that the traditional American family, frequently referred to derisively as the "Ozzie and Harriet mode," is in a state of complete collapse. Although the traditional family is certainly under attack by contemporary culture, our research shows that it is in traditional families that children flourish. That is what should be proclaimed.

Although we have nothing but praise for the extraordinary efforts of many single parents to raise their children -- a difficult, almost impossible task -- I cannot underscore sufficiently the report's emphasis on the critical link between stable, two-parent families and the well-being of children. The report clearly states that "The family is and should remain society's primary institution for bringing children into the world and for supporting their growth and development throughout childhood." It also states that "Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers." Those statements are neither commendations of nor prescriptions for "alternative life styles."

Indeed, the report goes on to state that "Rising rates of divorce, out-of-wedlock childbearing, and absent parents are not just manifestations of alternative lifestyles, they are patterns of adult behavior that increase children's risk of negative consequences." Our research clearly indicates that single parenthood is strongly associated with an increase in poverty, infant mortality, child neglect, poor health, violence, and educational failure. In fact, many of the problems that children face today relate primarily to the lifestyles and behavior of their parents. By recognizing that divorce often produces "negative outcomes" for children, and that unwed parenting is a major "risk factor," the report reaffirms its belief in the value of marriage and intact families. That should be considered the heart and soul of this report. Supporting that value, however, is primarily a cultural matter, requiring commitment rather than money. It is beyond irony that people who tend to support large government programs are often the same people who support roll-your-own lifestyles.

As part of its emphasis on parental responsibility and decision-making, the report endorses the expansion of the Earned Income Tax Credit (EITC) and the concept of a $1,000 refundable tax credit which would leave more money in the hands of individual families. Some of us believe families with children are overtaxed and that what most families need are not additional government programs but tax relief. I and some of my colleagues also believe, however, that new cash benefits received by low income families should be tied to a reduction of other government benefits.

The endorsement of choice among public schools is another positive step towards encouraging individual decision-making. It is simply perverse, however, to preclude parents from choosing private and parochial schools -- prime supporters of traditional families.

We also believe that parents should be able to choose from among a variety of optional policies in the work place such as career sequencing and flex-time so that they can organize their work schedules in a way that is best for them and their children. We are pleased, therefore, that the Commission as a whole rejected recommending mandatory family leave policies.

Unfortunately, in too many areas the report reflects the perspective of Beltway bureaucrats and the Washington Establishment that government programs (designed and controlled, of course, by Beltway bureaucrats and the Washington Establishment) are the solution to problems facing disadvantaged children.

Although we yield to none in our concern for at-risk children and in our desire to assist them, the fact is that government programs can make matters worse rather than better. Therefore, child care and family support programs should be carefully examined for unintended consequences before any additional funding is provided for them. Many of us strongly advocate the use of demonstration projects and rigorous programmatic evaluation before programs are created or expanded. Moreover, we strongly believe that any additional funding should come from a reallocation of other government expenditures rather than an increase in tax revenues.

In sum, a fair reading of this report will remind people that (1) children are served best by the traditional family structure; (2) we must ensure that our culture, not just financial incentives, supports the traditional family; and (3) government should do less, not more, (lower taxes, and fewer programs, targeted only at those at risk) if it truly wants to benefit families.

Sincerely,

Anna Louise Oliver

May 17, 1991

Dear Senator Rockefeller,

The process that we have just completed has been extraordinary. As a result we reached consensus and I support the Report. I believe it is extremely significant that we as a diverse Commission concluded our two years of hearings to report that "Most American children are healthy, happy and secure."....and also that we boldly declare that "Children do best when they have the personal involvement and material support of a father and mother and when both parents fulfill their responsibility to be loving providers." These statements build a foundation for then providing assistance to the remaining "at risk" children whom we also saw in our travels.

It is also incredibly important that we have clearly stated and affirmed that marriage and thus two parent families are the best antidote for solving many of the high-risk activities of children, and consequently parents are best able to provide the primary prevention from the devastating results of high risk activity. I am also pleased that we decided to include a chapter on values which are so critical to the development of capable and successful young people.

Any time consensus is reached, it obviously means that there are reservations from both sides of the spectrum. Therefore, I would like to reiterate several, though not all, of my continuing reservations:

1. I continue to object to any attempt to raise income taxes in order to pay for these recommendations. Since we are proposing a tax cut in order to return dollars to the pockets of the American family, it would be disingenuous to then raise taxes to pay for it. We can pay for these recommendations through reallocation of existing programs which have not worked or are unnecessary. The budget deficit demands this approach and several financing options accomplish it.

2. I continue to believe that the Income Security package is strong and makes sense only when coupled with elimination of AFDC. It contains key pieces that if enacted will promote work, family, and independence; but the attractiveness of this approach is compelling only when existing welfare (AFDC), which "everybody hates", is eliminated.....or at the very least changed to have strong, clear time-limited benefits. The Commission has lost an opportunity to truly be bold and innovative by our unwillingness to eliminate the failed "old" over the next ten years so that we can truly chart a bold new direction to assist families in need. Our package "reorients" welfare, but as such is an "add-on" to existing welfare......rather it should replace welfare.

3. I continue to object to an increase in government financed child care programs. This is for fiscal reasons as well as concern for the potential negative effects upon children, especially infants and pre-schoolers. Attachment of young children to their parents is critical to healthy development, and the research is beginning to make a connection to present high risk activities of youth. We should take these warning signs seriously and lean toward promoting more direct parental care.

4. I continue to believe that the Report gives an unclear message to teens concerning contraception, as well as concerning parental consent and parental involvement in their decisions. Contraception for teenagers is not the answer as our Report implies. Our report says "40 percent of teenage girls who never practice contraception become pregnant"; however, we fail to also state the fact that only one-third of teenagers who have had sexual intercourse say they use contraceptives all the time, and that the remaining 66 % (of this group who use contraceptives) do so inconsistently resulting in 30% also becoming pregnant.

Teens should not be misled into feeling safe if they simply use contraception. Teens are very poor contraceptors and therefore the truth is that all teenagers who engage in premarital sexual intercourse are at significant risk of pregnancy and sexually transmitted disease.

We rightly "urge all programs and services to youth to make special efforts to involve parents and respect their values, taking care not to undermine parents' important role and influence in adolescent decision making." Therefore, I call upon all program and service providers to go the extra mile in involving parents in these critical decisions, and that they actively facilitate this communication. Providing family planning services and programs to teenagers without parental notification, consent or involvement is not an approach that is in the best interest of children.

Instead, abstinence needs to become the foundational core philosophy of all teen programs, school health programs, church based programs, as well as parental education of their children. In our report we clearly say that abstinence is the best approach....but then we also recommend "comprehensive health services, including family planning and contraception for those adolescents who are sexually active." The term "sexually active" generally includes those who may have had only one or two sexual experiences, and therefore, I believe this sends a mixed message which communicates that we really do not believe teens are capable of abstaining from premarital sexual activity.

Our message should be clear, strong, and bold. That clear message should be that sexual intercourse for teenagers before marriage is harmful (psychologically, emotionally, spiritually, physically), and is dangerous to one's health, well-being, and future. Therefore, we as parents, adults, teachers, health service providers, and public policy leaders will do everything we possibly can to teach and promote abstinence from sexual activity for teenagers as our absolute priority. This clear message will communicate to our children that we care and we truly want the best for them and their future to ensure opportunity for and the joy of a fulfilling, enduring sexual relationship. We cannot and we must not equivocate.

I would also like to say that I have enjoyed the opportunity to work with you on this Commission. It has been a unique experience, and I do believe that we have produced an important document which can be used as guidance by parents and policy makers to enhance the well-being of children in America.

Sincerely,

Jerry Regier

Gerald (Jerry) P. Regier
Commissioner

May 17, 1991

The Honorable John D. Rockefeller IV
Chairman
National Commission on Children
1111 18th Street NW, Suite 810
Washington, D.C. 20036

Dear Mr. Chairman:

Thank you for this opportunity to comment on our final report, which I support.

I believe the report states well the circumstances under which children can -- and do -- flourish and grow to be independent and productive adults. It also addresses many of the circumstances that threaten them. But as you know, I agree with other commissioners that government is neither the root of the problems putting children at risk, nor can government solve many of these problems. I stand with the minority views on raising taxes, evaluating spending and government mandates that have the potential to result in discrimination, stymie job creation or result in job loss.

Children are **the** future of a nation. Our national health, vitality and security depend upon our children. Children are -- or should be -- our most important personal and national resource.

With this in mind, the Commission supports vigorous government roles and investments to assist our families and children. The Commission promotes tax policies that allow families to keep more of their earned income and others to work and earn more. This Commissioner acknowledges that government financial resources come from each and every taxpayer and so, the "costs" of our proposed policies should be borne through reallocation of existing dollars or by terminating programs that do not work or that are no longer necessary.

While our proposed new, alternative and enhanced programs to help families become independent are well intended, we know that previous government efforts to meet the needs of families resulted in programs that demoralize their recipients and discourage, if not destroy, their motivation and ability to get into the mainstream of America's economy. The Commission's proposals were crafted as a decade-long strategy that would accommodate a useful transition for, among other things, coordination of services and their delivery, motivating behavioral changes, and for resolving real budget issues. I believe it would be a mistake for this document to be promoted for "enactment" in 1992. As much as we all want one, it is clear to many of us that there is no quick fix to many of the problems facing so many families. Determination, patience and learning (or relearning) will be required this time around.

As an example, it is not enough to protect children's health by providing "regular and specialized health care." Children's health begins at conception and the up to 375,000 babies born a year at risk from alcohol and drug abuse is, most often, an individual, behavioral issue. I hope the remedies we propose contribute greatly to the health and strength of all families and children but, if they are to really change the condition of families and children at risk, it will be because we worked to rebuild their self-esteem and individual responsibility. It will be because they understood and accepted challenges and expectations.

This brings me to my final observation. Our specific legislative mandate notwithstanding, the final report does not reflect for this Commissioner, the loud and clear pleas and commitments from witness to witness, all around the country, for increased parental, family, church and synagogue, and community involvement in the lives of our children. We heard about many successful, hands-on, private sector interventions that had been tested, changed if necessary, and which worked to achieve many of the Commission's goals. The Commission transcripts and hearing materials are rich with ideas and individual pain and efforts. I think we owe it to all those who helped us and to all those who could benefit from their experiences to promote and encourage their views and remedies. We found that government programs were frequently lacking in meeting their objectives and the needs of families and children. We found that increasingly, individuals in business and in communities are filling the gaps and are successful where government interventions could never succeed.

We need a comprehensive effort this time.

Sincerely,

Nancy Risque Rohrbach

Nancy Risque Rohrbach
Commissioner

Josey M. Velazquez
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(305) 661-[illegible] 2353

May 17,1991

The Honorable John D. Rockefeller IV
National Commission on Children
1111 Eighteenth St., N.W.
Suite 810
Washington, D.C. 20036

Dear Mr. Chairman:

It has been both an honor and a privilege to serve in the National Commission on Children as a White House appointee, and for that I am most grateful.

While the report as a whole is a consensus document, there are, as should be expected, a diversity of opinions on a number of issues. As such, I would like to express some of mine own views.

AMERICA. As our survey showed, most of America's children are doing well, and it is somewhat unfair to blame America for the erroneous choice of behavior of some individuals. America is not to be blamed for drug babies, teen mothers, or one parent families, as these are the results of very personal and irresponsible decisions. I do feel, however, that much has to be done to educate the public and create a climate inducive to changes in attitude, behavior, and personal responsability.

The media, in all its spectrum, can be an excellent tool to reach these goals, as it has been proven through its campaigns to inform about the dangers of smoking and drugs. While these efforts have been very positive, the media has also, at times, sent very mixed messages to our youth in reference to violence, sex, and drugs. I hope that they will amend this by starting to portray those values that create strong and productive individuals, remembering that we will all have to experience the results of either a successful or a decaying society.

CHILD WELFARE SYSTEM. Many changes will have to take place in the field of child welfare if we are to be credible when we say that we care for children. The minor reformsto a bad system, which is the patch work we have now, is in my opinion the most subtle form of child abuse possible. This is especially so when it comes from those that are supposed to be, not only experts, but also caring individuals on this field. A fundamental reform must take place to support families in making sure that children are safe in their homes, with parents that fully understand the responsabilities of parenthood and the basic needs of their children. (Family living and parenting could and should part of the school curriculum.)

For those children that must be removed from their homes due to abuse, neglect, or abandonment, it is our responsability to provide them with a safe and stable home substitute until family problems are resolved and the children may be returned home. In those cases where this is not possible, the options of permanent placement or adoption should be implemented immediately.

Even though it has been repeatedly reported that the experience of multiple placement for children in foster care is detrimental to their development, we are still insistant in using this system. It is not in the children's best interest to use a volunteer system, that although may be formed by caring individuals, does not train or prepare them to handle the problems that these children bring with them. It is also a system that can not offer a permanent number of positions available at all times, and many children end up in over crowded foster homes and possibly separated from their siblings. To add to this, the constant changing of homes does not allow the child to emotionally bond to anyone, it creates distrust, it adds to their feelings of rejection, and in many cases disrupts their education through the changes of address and schools. At this point I ask you: Is this humane? Do we really believe that we are building a "better future" for these children? Why is it that we are not providing them with safe, and stable homes?

There are an estimated 2,000,000 families in the United States wanting to adopt, with only about 5% of them being successful. Of these adoptions about 10% take place outside the U.S., not because we have no children, but because "our children are not free for adoption." Where are the children's rights to a loving and stable home, when we over ride them in favor of the rights of abusive and neglectful parents that can not, or will not amend their ways? When are we going to start enforcing stricter and more time limited performance agreements on these parents? When will we stop warehousing children and allowing them to stay forgotten in an uncaring system? When are we going to realize that we too are being abusive? IF NOT NOW, WHEN?

Respectfully yours,

Josey M. Velazquez

Josey M. Velazquez
Commissioner
National Commission on Children

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David P. Weikart
President

May 17, 1991

The Honorable John D. Rockefeller
National Commission on Children
1111 Eighteenth Street, N.W.
Suite 810
Washington, D.C. 20036

Dear Senator Rockefeller:

Over the past months the meetings of the National Commission on Children presented a panorama of American children and their families: their strengths, their problems, their hopes, and their needs. Many issues relating to government policies that impact families were discussed, both in the public forum and within the Commission itself. While major disagreement surfaced regarding the actions needed to help America's children, it is impressive that the Commission reached a basic concensus in the final report, with all commissioners voting for acceptance. I salute your leadership in making this report possible. We now need to act to improve the life chances of children by implementing the recommended changes.

My specific reason in writing is to draw additional attention to the Commission Report's chapter on education, in which a series of important reforms are recommended. While all commissioners agree on the importance of these reforms, they have not agreed on specific plans for implementing them, and some commissioners feel the report does not go far enough in describing the educational policies needed to implement the recommendations. For example, the importance of knowledge of basic skills as the foundation for satisfactory progress toward advanced education is stated. However, the report does not discuss the widespread recognition of the need for developmentally appropriate education at all age levels, and particularly for children in preschool/day care through grade three. For these young children, the development of capacities for initiative, curiosity, and independence, etc., also call for recognition. Basic skills must be developed in age-appropriate activities. At higher grade levels, the importance of vocational education, opportunities for training in the trades, and cooperative education programs also need recognition and adequate support. High quality education has many goals, and children need a choice of programs to meet their individual aspirations.

Finally, support is needed for a wide range of current school and curriculum reform efforts. Perhaps the most interesting example is National Follow Through, an effort initiated in 1967. This small program pioneers the introduction of curriculum models in public school settings where there are high concentrations of Head Start graduates. The program enables elementary schools to implement these model curricula at the K-3 grade level. It also provides for evaluation of these models and, if they prove effective, for dissemination to other school districts.

The strength of the Commission Report is that there is broad agreement among members who represent widely varying points of view. As the nation studies the report, many specific programs are needed to implement the necessary changes.

Best wishes and congratulations on a difficult task well done for America's children.

Sincerely yours,

David P. Weikart

David P. Weikart,

Family Focus

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May 15, 1991

Honorable John D. Rockefeller IV
United States Senate
109 Hart Senate Office Building
Washington, DC 20510

Dear Jay:

The report of the National Commission delineates a series of recommendations which have the potential for effecting significant changes in the lives of our nation's children and families. The real accomplishment is that liberals and conservatives have together agreed to support these government policies for children. From very different points of view, the Commissioners have forged a document that is strong and creative in the areas of income security, child welfare, health care and family support.

The report is issued at a crucial time. This is a period in our history when every sector of society - educators, corporate executives, health, mental health and social service providers, political leaders - are expressing grave concern over the status of our children and their families. Heeding the Report will go a long way toward changing that situation. It is a call to action.

I would like to make further comments on specific areas. One is the Family and Medical Leave section. Though the recommendation strongly supports the need for family and medical leave, I believe with the majority of Commissioners that such a policy should be guaranteed by the federal government. It is interesting to note that the United States is the only industrialized nation which does not do so. The first months after the birth of a child are in themselves stressful. Compounding that with the necessity of going back to work is an additional burden at precisely a time when establishing a relationship between parent and infant is of utmost importance. Furthermore, policies which assure unpaid leave essentially benefit only those who can afford it. A fair policy, one which guarantees paid leave, ought to be on our nation's agenda.

In the area of education, our responsibility is to assure that every community school is excellent. I believe school choice threatens the education of those already most at risk, and least likely to leave their community in search of better schools. If we believe children should live in healthy communities, it follows that good schools are an essential

FIFTEEN YEARS OF MAKING A DIFFERENCE

component of such communities. To quote from the Committee on Economic Development report the unfinished agenda: "New research into student achievement demonstrates that, by itself, choice does not guarantee educational quality. Where the quality of education is generally high and all children can find a school that matches their learning styles and needs, choice makes sense."

The report has embraced family support programs and principles, and in doing so is dramatically bringing to public attention the rapidly growing family support movement. In communities across the country, family resource and support programs are providing comprehensive services designed to prevent problems and promote family well being. In state after state systems are being re-oriented toward a family support approach - building relationships of trust fundamental to change, and empowering parents to act on their own behalf. The vision and determination of the National Commission is apparent in recommendations in the report which recognize the significance of this new approach to children and family services, and support its expansion.

I would have preferred that the report more strongly reflect the point of view that, while recognizing the clear benefits of well-functioning two-parent families, children are well nurtured, educated, and cared for in many different family structures. I would have wanted its tone to be more empathic with the intense struggle of the many families trying to do the best they can for their children, and facing daily barriers to doing so. I would also have preferred it include, amongst other things, more funding for job training, stronger support during the transition from welfare to work (assuring AFDC benefits not be reduced before Commission recommendations are fully in place) a full child support plan, and a committment, not a demonstration plan, to family support programs.

But compromise is essential to consensus, and the strength of the Report lies in its unanimous consent for government programs that, by supporting families, will help them support themselves. My hope is that its guiding principles will become those of the nation and that its recommendations will form the basis for new and necessary policies and programs.

Sincerely,

Bernice

Bernice Weissbourd

BW/dlf

Barry Zuckerman, M.D., F.A.A.P.
Director
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May 16, 1991

Honorable John D. Rockefeller, IV
Chairman
National Commission on Children
111 18th Street NW
Suite 810
Washington, DC 20036

Dear Senator Rockefeller:

The report of the National Commission on Children represents a bold, forward-looking and badly needed blueprint for children as well as for our nation. The recommendations represent an important common ground for the different beliefs and ideologies of the commissioners. The strong bipartisan support for the report underscores our universal concern for children and the potential value of implementing the recommendations. I strongly support the document and believe it will have a significant impact on the debate over policies for children and families in the coming years.

As a consensus document the report does not fully represent the views and interest of any single commissioner. In several areas where we reached agreement on principles, I would have preferred stronger recommendations for action. These include:

1. The commissioners agree about the importance of parents in children's lives. At the time of birth, adoption, or illness, children and parents need to be together. My preference is to recommend that the federal government set standards for statutory action governing the provision of job protected leave at the time of birth/adoption and when family and medical illness and emergencies occur. In these special circumstances, parents should not have to choose between their children and their jobs.

2. The commissioners strongly agreed upon the importance of two parents providing nurturance and material support for their children. I would prefer a universal family support program in order to establish the principle that two parents bear responsibility to support their children. When the father is unable to do it, I believe the government has a proper role to provide this support to ensure equity and fairness for all children. One parent alone cannot adequately provide needed material support for children. My recommendation is to implement the government insured component of our family support recommendations now for all eligible

families. This will alleviate the significant economic disadvantage of many children in single parent families.

3. The commissioners agreed about the importance of parental self-sufficiency. In this spirit, I believe we have to ensure that adults are employable. Employable males are also much better marriage candidates than unemployable males. The education recommendations should help achieve this goal. However, I would also recommend more funds for job training to ensure that adolescents, especially males, have the opportunity to develop the skills, attitudes, and habits necessary for work and successful adult roles as parents and members of a community.

4. While I would have preferred a single payer system for health care, my main priority is to ensure universal insurance coverage for pregnant women and children and this recommendation has my strongest support. I have seen to often the tragedy and hardship borne by families and children without health insurance.

In closing, I want to highlight the important balance in the Commission's recommendations between initiatives that would provide direct financial support to families with children and those that would ensure that essential health, education, and social services of demonstrated effectiveness are accessible to parents and children who need them. Over the coming decade, the nation's ability to use the Commission's recommendations as a guide for public and private sector policy and individual action will significantly improve the lives of children and families and of our society as a whole.

Sincerely,

Barry Zuckerman, M.D.

בס"ד

Agudath Israel of America
אגודת ישראל באמריקה

David Zwiebel, Esq.
Director of Government Affairs
General Counsel

May 15, 1991

Honorable John D. Rockefeller, IV
724 Senate Hart Office Building
Washington, D.C. 20510-4802

Dear Jay:

When I came to Capitol Hill on February 6, 1989 for the inaugural meeting of the National Commission on Children, the first thing that struck me was the extraordinary diversity of our group. Had someone told me then that the end-product of our efforts would be a detailed report with specific policy recommendations that would win the unanimous support of the entire Commission, I would have dismissed the prediction out of hand.

Yet that is precisely what happened. Apparently the common denominator among us -- our passionate commitment to America's children -- transcended ideological differences between us. Apparently the intense experiences we shared over two years of meeting parents and children across the nation enabled us to forge strong bonds of united resolve. Apparently the extraordinary effort of Cheri Hayes and the entire Commission staff helped us separate fact from fiction and proceed toward a common consensus. And apparently when a chairman runs a commission with absolute integrity, making sure that all voices are heard and that partisanship does not intrude, anything is possible.

Among the report's many important recommendations, I regard as critical the call for universal health care coverage for pregnant women and children -- though I confess some reservations about the precise means by which we suggest this be achieved -- and also the $1,000 per child refundable tax credit.

I also regard as critical two of the report's other main themes: parental choice in education, and developing positive values in children. I regret only that we failed to develop these themes even more expansively, along the lines that follow.

School Choice: Our report does endorse this concept, but in the public schools only. I would have preferred that we recommend empowering needy parents to choose among the full range of educational options for their children -- including public, independent and religious schools.

As a matter of law, there is no constitutional "church-state" impediment to a school choice plan that would permit parents the free choice of using education grants at any type of school they see fit -- even a religious school. Two relatively recent Supreme Court decisions are directly on point. In one, the Court unanimously upheld a blind person's right to use a state vocational rehabilitation grant to study in a religious seminary for a career in the ministry. [Witters v. Washington Department of Services for the Blind,

Hon. John D. Rockefeller, IV
May 15, 1991
Page Two

474 U.S. 481 (1986).] In the other, the Court upheld a state law conferring tax benefits upon parents who incur expenses for the education of their children, even in parochial schools. [Mueller v. Allen, 463 U.S. 388 (1983).] The critical point, in the Court's words, is that "no imprimatur of state approval can be deemed to have been conferred on any particular religion, or on religion generally," whenever aid to religious schools "is available only as a result of decisions of individual parents." [Mueller, 463 U.S. at 399.]

From a public policy perspective, it makes eminent sense to allow parents the full range of constitutionally permissible educational options for their children. Limiting the concept of choice to public schools only, on the theory that to allow nonpublic school choice would be the death knell for public schools, reflects greater commitment to existing bureaucratic systems than to individual parents and children. I believe the stakes are too high to accept with equanimity that particular hierarchy of priorities.

Values: The chapter on values, in my opinion, is one of the most valuable contributions our report has to offer the American public. Its message is plain: Vital as it most assuredly is for children to grow up physically healthy and materially secure, it is equally vital that they develop proper appreciation for human dignity -- their own and that of others -- and a positive sense of moral purpose.

Where I find the values chapter somewhat deficient, however, is in its relative paucity of concrete policy recommendations. For example, to the extent consistent with the First Amendment's guarantee of free speech, I would have liked to see us endorse policies designed to shield American children from the harmful moral influences of pornography. The easy availability of sexually explicit materials to impressionable minors, whether over the counter, over the television or over the telephone, is surely a source of legitimate concern not only for parents but for policy makers as well.

Another example: Subject to the First Amendment's prohibition against establishment of religion, I would have supported a call upon government to involve religious institutions in the provision of important social and human services for children. As we saw in our travels around the country, and as our own polling data conclusively confirm, children who grow up with the foundations of faith and community that religious institutions provide are far better able to withstand the pressures and dangers they face in their everyday lives. We ought not squander whatever opportunity we have to enlist the involvement of this vital sector in our efforts on behalf of children.

Let me conclude, Jay, by thanking you personally for your single-minded dedication to making this historic process work. All of us on the Commission, and throughout the United States, owe you an enormous debt of gratitude.

Sincerely,

David Zwiebel

DZ/kas

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Appendix D

Schedule of Events and Field Activities

September 25, 1989	***Field Hearing*** **Healthy Mothers and Healthy Babies** Chicago, Illinois
October 12, 1989	***Town Meeting*** **Children and Families in Rural America** **Part I: The Midwest** Madison, Indiana
November 27-28, 1989	***Field Hearing*** **Enhancing School Readiness: Support for Early Childhood Development** San Antonio, Texas
December 11, 1989	***Town Meeting*** **America's Children and the Drug Crisis** Kansas City, Missouri
February 15, 1990	***Town Meeting*** **Children and Families in Rural America** **Part II: The South** Bennettsville, South Carolina
March 26, 1990	***Field Hearing*** **Making Ends Meet: American Families and the Economy** Charleston, West Virginia
May 20-21, 1990	***Roundtable*** **Children in Between: The Middle Childhood Period** New Haven, Connecticut
May 31, 1990	***Field Hearing*** **Children Outside Their Families** Los Angeles, California
July 2, 1990	***Roundtable*** **How Children Develop Values** Washington, D.C.
August 9, 1990	***Field Hearing*** **High Risk Youth** Boston, Massachusetts
October 18, 1990	***Field Hearing*** **Building a Productive Labor Force** Minneapolis and St. Paul, Minnesota

Field Activities

Healthy Mothers and Healthy Babies

Chicago, Illinois
September 25, 1989

Site Visits:
Neonatal Intensive Care Unit, Cook County Hospital

Family Focus Lawndale

Marillac House, Rockwell Gardens Project

Winfield/Moody Health Center, Cabrini-Green

Erie Family Health Center, West Town

Hearing Witnesses:
Sarah Brown, Visiting Scholar,
National Forum on the Future of Children and Families,
Institute of Medicine and the National Research Council,
Washington, D.C.

Judy Langford Carter, Executive Director,
The Ounce of Prevention Fund,
Chicago, Illinois

Maureen Hallagan, M.S.W., Director of Project Hope,
Marillac House,
Chicago, Illinois

Margaret Heaggarty, M.D., Director of Pediatrics,
Columbia University Harlem Hospital Center,
New York, New York

Patricia Johnson, Casefinder,
West Side Future,
Chicago, Illinois

Richard Krieg, Ph.D.,
Acting Commissioner of Health,
Chicago, Illinois

Vivian Louis-Burnett, Casefinder,
West Side Future,
Chicago, Illinois

Theresa Palmer, Parent and
Marillac House Participant,
Chicago, Illinois

Rosita S. Pildes, M.D., Chairman, Division of Neonatology,
Cook County Hospital,
Chicago, Illinois

Jack P. Shonkoff, M.D., Chief of the Division of Developmental and Behavioral
Pediatrics, University of Massachusetts Medical School,
Worcester, Massachusetts

Reed V. Tuckson, Commissioner of Public Health,
Washington, D.C.

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Children and Families in Rural America, Part I: The Midwest

Madison, Indiana
October 12, 1989

Town Meeting:
Madison Consolidated High School

Enhancing School Readiness: Support for Early Childhood Development

San Antonio, Texas
November 27-28, 1989

Site Visits:
Coronado-Escobar Elementary School

La Casa De Niños Child Development Center

Hearing Witnesses:
Barbara Bowman, Director of Graduate Studies,
Erikson Institute,
Chicago, Illinois

Valerie Bryant, Parent, San Antonio, Texas

Peggy Cortez, Parent and Participant in the Avance Program,
San Antonio, Texas

Fernando Guerra, M.D., Director of Health,
San Antonio Metropolitan Health District,
San Antonio, Texas

Sharon L. Kagan, Ed.D., Associate Director,
Bush Center in Child Development and Social Policy,
Yale University,
New Haven, Connecticut

Ann Sanford, Director,
Chapel Hill Training/Outreach Center; Co-Chair,
North Carolina Interagency Coordinating Council for P.L. 99-457,
Chapel Hill, North Carolina

William S. Woodside, Chairman,
Sky Chefs, Inc.;
Vice Chairman, Committee for Economic Development;
Former Chairman and CEO, Primerica Corporation,
New York, New York

Aletha Wright, Administrator,
Office of Child Care Development,
New Jersey State Department of Human Services,
Camden, New Jersey

America's Children and the Drug Crisis

Kansas City, Missouri
December 11, 1989

Site Visits:

Sycamore Hills Elementary School, Independence Missouri

Johnson County Adolescent Center for Treatment, Olathe, Kansas

Forum:

Student Forum with High School Students from the Kansas City, Missouri School District, Genesis School, and De La Salle Education Center, John Thornberry Unit of the Boys and Girls Clubs of Greater Kansas City

Town Meeting:

Pierson Hall, University of Missouri

Children and Families in Rural America, Part II: The South

Bennettsville, South Carolina
February 15, 1990

Forums, Focus Groups, and Discussions:

Focus Group with Incarcerated Youth, Evans Correctional Institution

Roundtable discussion with the Interdenominational Ministerial Alliance,
Shiloh Baptist Church

Student Forum, Marlboro County High School

Roundtable Discussion with Rural Health Care Providers,
Marlboro County High School

Town Meeting:

Marlboro County High School

Making Ends Meet: American Families and the Economy

Charleston, West Virginia
March 26, 1990

Site Visits:

Home Visits, Charleston and rural West Virginia

Forums and Discussions:

Meeting with State Officials, Governor's Mansion

Parent Forum, YWCA of Charleston

Hearing Witnesses:

Samuel Bonasso, Chairman,
Governor's Task Force on Children,
Youth, and Families,
Morgantown, West Virginia

Honorable Gaston Caperton, Governor of West Virginia,
Charleston, West Virginia

David T. Ellwood, Ph.D., Assistant Professor of Public Policy,
John F. Kennedy School of Government,
Harvard University,
Cambridge, Massachusetts

Lawrence M. Mead, Ph.D., Assistant Professor of Politics,
New York University,
New York, New York

Isabel V. Sawhill, Ph.D., Senior Fellow,
The Urban Institute,
Washington, D.C.

Sue H. Sergi, Executive Director,
Community Council of Kanawha Valley,
Charleston, West Virginia

Timothy M. Smeeding, Ph.D., Professor of Public Policy and Economics,
Vanderbilt University,
Nashville, Tennessee

Terry Williams, Ph.D., Visiting Scholar,
Russell Sage Foundation,
New York, New York

Children in Between: The Middle Childhood Period

New Haven, Connecticut
May 20-21, 1990

Site Visits:
The Yale New Haven Hospital Psychiatric In-Patient Service

The School Development Program at Helene Grant Elementary School

Roundtable Participants:
W. Andrew Collins, Ph.D., Professor of Child Psychology,
Institute of Child Development,
University of Minnesota,
Minneapolis, Minnesota

James P. Comer, M.D.,
Maurice Falk Professor of Child Psychiatry,
Yale University,
New Haven, Connecticut

Sanford M. Dornbusch, Ph.D.,
Reed-Hodgson Professor of Human Biology and Professor of
Sociology and Education,
Stanford University,
Stanford California

Edward Zigler, Ph.D.,
Sterlng Professor of Psychology,
Yale University,
New Haven, Connecticut

Children Outside Their Families

Los Angeles, California
May 31 - June 1, 1990

Site Visits:

Los Angeles Juvenile Dependency Court

MacLaren Children's Center

Chernow House and Triangle House

Children's Institute International

Los Angeles Youth Network

Focus Group

Focus Group with Foster Children,
MacLaren Children's Center

Hearing Witnesses:

Hon. Paul Boland, Presiding Judge of the Juvenile Courts,
Los Angeles, California

Brian Cahill, President and CEO of Hathaway Children's Services,
Lakeview Terrace, California

Jacqueline Holly, Caseworker,
Los Angeles County Department of Children's Services,
Los Angeles, California

Joan Reeves, Commissioner,
Department of Human Services,
Philadelphia, Pennsylvania

Lupe Ross, Foster Parent,
Los Angeles, California

William S., Foster Child,
Los Angeles, California

Lenzy Stuart, Outreach Advisor,
Community College Foundation,
Los Angeles, California

Carol S. Williams, D. S. W., Senior Research Analyst,
Center for the Study of Social Policy,
Washington, D.C.

Doug Willingham, Deputy Chief Probation Officer of Juvenile Services,
San Diego County, California

How Children Develop Values

Washington, D.C.
July 2, 1990

Roundtable Participants:

Hon. John H. Buchanan, Jr., Chairman,
People for the American Way,
Washington, D.C.

Gary David Goldberg, President,
UBU Productions,
Los Angeles, California

Phyllis Schlafly, Founder and President,
Eagle Forum,
Alton, Illinois

Hon. Louis W. Sullivan, Secretary,
U.S. Department of Health and Human Services,
Washington, D.C.

Ted Ward, Aldeen Professor Of Christian Education and Missions,
Trinity Evangelical Divinity School,
Deerfield, Illinois

High Risk Youth

Boston, Massachusetts
August 9, 1990

Site Visit:
Madison Park Community School Summer Enrichment Program

Focus Group:
Focus Group with High Achieving Teenagers,
Mayor's Residence

Hearing Witnesses:
Felton Earls, M.D., Professor of Psychiatry,
Harvard School of Public Health,
Cambridge, Massachusetts

Jacquelyn Eccles, Ph.D., Professor,
Department of Psychology, University of Colorado,
Boulder, Colorado

Percy Evans
High School Student,
Boston, Massachusetts

Nancy H.
Former Runaway,
Boston, Massachusetts

Leah Cox Hoopfer, Deputy Administrator,
4-H and Youth Development Extension Service, U.S. Department of Agriculture,
Washington, D.C.

Virginia Price, Clinical Director,
Bridge Over Troubled Waters,
Boston, Massachusetts

Lisbeth Bamberger Schorr, Author and Lecturer in Social Medicine,
Harvard University,
Washington, D.C. and Cambridge, Massachusetts

Ruby Takanishi, Executive Director,
Carnegie Council on Adolescent Development,
Washington, D.C.

Building a Productive Labor Force

Minneapolis-St. Paul, Minnesota
October 18, 1990

Discussions and Focus Groups:

Breakfast Discussion with Twin Cities Employers,
Minneapolis Club

Focus Group with Parents Employed
by Target Stores,
Mill City Montessori School

Hearing Witnesses:

Kia Brown,
High School Student,
Minneapolis, Minnesota

Tony Fairbanks, Executive Director,
Philadelphia Youth Service Corps; and President,
National Association of Service and Conservation Camps,
Philadelphia, Pennsylvania

Jan Hively, Executive Director,
The Minneapolis Youth Trust,
St. Paul, Minnesota

Tom Nelson, Commissioner of Education,
State of Minnesota,
St. Paul, Minnesota

Pam Rusmussen,
High School Student,
St. Paul, Minnesota

Lawrence Steinberg, Ph.D., Professor of Psychology,
Temple University,
Philadephia, Pennsylvania

Uyen Tang,
High School Student,
Minneapolis, Minnesota

Marc S. Tucker, President,
National Center on Education and the Economy,
Rochester, New York

Torey Westrom,
High School Student,
Elbow Lake, Minnesota

Cha Yang,
High School Student,
St. Paul, Minnesota

Appendix E

Record of Voting on the Final Report

The following duly appointed members of the National Commission on Children were present and voted approval of the final report and its amendments at a properly called meeting on May 1, 1991:

Hon. John D. Rockefeller IV	nonvoting chairman
Barbara B. Blum	yes
T. Berry Brazelton, M.D.	yes
Allan C. Carlson, Ph.D.	yes
Hon. Bill Clinton	absent/not voting
Donald J. Cohen, M.D.	yes
Nancy Daly	yes
Marian Wright Edelman	yes
Hon. Theresa H. Esposito	yes
Hon. Raymond L. Flynn	yes
Mary Hatwood Futrell	yes
Hon. Martha W. Griffiths	yes
Adele Hall	yes
Irving B. Harris	yes
Betty Jo Hay	yes
Hon. Bill Honig	yes
Wade F. Horn, Ph.D.	yes
Mai Bell Hurley	yes
Hon. Kay C. James	yes
A. Sidney Johnson, III	yes
Ruth Massinga	yes
Gerald W. McEntee	yes
Hon. George Miller	yes
James D. Northway, M.D.	yes
A. Louise Oliver	yes
Gerald (Jerry) P. Regier	yes
Hon. Nancy Risque Rohrbach	yes
Sarah C. Shuptrine	yes
Reed V. Tuckson, M.D.	yes
Josephine (Josey) M. Velazquez	yes
David P. Weikart, Ph.D.	yes
Bernice Weissbourd	yes
Barry S. Zuckerman, M.D.	yes
David Zwiebel, J.D.	yes

The following duly appointed members of the National Commission on Children prepared and submitted the minority chapter on health care on May 25, 1991:

Allan C. Carlson, Ph.D.
Hon. Theresa H. Esposito
Adele Hall
Wade F. Horn, Ph.D.
Hon. Kay C. James
A. Louise Oliver
Gerald (Jerry) P. Regier
Hon. Nancy Risque Rohrbach
Josephine (Josey) Velazquez

Appendix F:

Corporate Advisory Board Members

William S. Woodside, Chairman, Sky Chefs, Inc.; Vice Chairman, Committee for Ecnomic Development: former Chairman and CEO, Primerica Corporation; *Chairman, Corporate Advisory Board of the National Commission on Children*

Robert N. Beck, Executive Vice President, Corporate Human Resources, Bank of America, San Francisco, California

Jerald A. Blumberg, Senior Vice President for Human Resources and Corporate Plans, Du Pont Company, Wilmington, Delaware

John L. Clendenin, Chairman of the Board and Chief Executive Officer, BellSouth Corporation, Atlanta, Georgia

Edward Donley, Chairman, Executive Committee, Air Products and Chemicals, Inc., Allentown, Pennsylvania

Frank P. Doyle, Senior Vice President, Corporate External and Industrial Relations, General Electric Company, Fairfield, Connecticut

James E. Duffy, National Spokesperson, Project Literacy U.S., Capital Cities/ABC, Inc., New York, New York

Gary David Goldberg, President, UBU Productions, Los Angeles, California

J. Michael Hagan, President, Furon Company, Laguna Niguel, California

Arnold Hiatt, Chairman of the Board, The Stride Rite Corporation, Cambridge, Massachusetts

Calvin Hill, Vice President, The Baltimore Orioles, Baltimore, Maryland

Standley Hoch, Chairman, Chief Executive Officer, and President, General Public Utilities Corporation, Parsippany, New Jersey

Ron James, Vice President and Chief Executive Officer-Minnesota, U S WEST Communications, Minneapolis, Minnesota

Kay Koplovitz, President and Chief Executive Officer, USA Network, New York, New York

Elliot Lehman, Chairman Emeritus, Fel-Pro Inc., Skokie, Illinois

H. William Lurton, Chairman and Chief Executive Officer, Jostens, Inc., Minneapolis, Minnesota

Ian A. Martin, Chairman and Chief Executive Officer, Grand Metropolitan Food Sector, Minneapolis, Minnesota

Jewell Jackson McCabe, President, Jewell Jackson McCabe Associates, New York, New York

Jerome J. Meyer, President and Chief Executive Officer, Tektronix, Inc., Beaverton, Oregon

Jodie N. Ray, Executive Vice President, Information Technology Group, Texas Instruments Incorporated, Dallas, Texas

James J. Renier, Chairman and Chief Executive Officer, Honeywell Inc., Minneapolis, Minnesota

David Rockefeller, Jr., Vice Chairman, Rockefeller Financial Services Inc., New York, New York

Steven J. Ross, Chairman and Co-Chief Executive Officer, Time Warner Inc., New York, New York

D. Van Skilling, Executive Vice President and General Manager, TRW Information Systems and Services, Cleveland, Ohio

William C. Steere, Jr., Senior Vice President, Pfizer Inc. and President, Pfizer Pharmaceuticals Group, New York, New York.

R. William Van Sant, President and Chief Operating Officer, Blount, Inc., Montgomery, Alabama

Henry B. Wehrle, Jr., Chairman of the Board and Chief Executive Officer, McJunkin Corporation, Charleston, West Virginia

Clifford L. Whitehill, Senior Vice President, General Counsel, and Secretary, General Mills Inc., Minneapolis, Minnesota

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